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THE PROBATIONER'S COURSE IN BACTERIOLOGY

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[Note: The author has had two purposes in mind in preparing the following article. First, to describe what his experience has convinced him to be a satisfactory and practical course in Bacteriology for student nurses, and second, to stimulate comment and criticism of the ideas here set forth. Comment is therefore invited, especially from those whose opinions may differ widely from those expressed here. There is plenty of room for differences of opinion as to how Bacteriology should be presented to nurses and a frank discussion of this problem by those whose duty it is to teach the subject may well result in positive good for all concerned.]

THE process of education has been described as merely the meeting of the immature, or empty mind with the mature, well stocked mind. Would it were in practice as simple as that! Actually, in order for such a meeting of minds to be effective for education, the teacher's mind must be not only more mature, and well stocked with information, but must be possessed of a clear notion of *who* is to be taught, what is to *aimed* at in the teaching, and *what*, therefore, *is to be the content* of the instruction.

It has gradually become apparent to physicians, health officers, and to all those interested in the training of nurses, that in teaching nurses we are dealing with persons of some consequence. The nurse has come into her own. More and more fields of professional service open to her. Bedside nursing in the hospital or in the private home, not an unworthy field in itself, is not the only kind of activity our probationers may eventually have. Especially in the wide and varied field of public health nursing and in social service the nurse finds great usefulness. She it is who is able to carry, most directly, knowledge of the principles of personal hygiene, public health and preventive medicine to the people whom she serves in the school, the shop, or the clinic. So we now recognize that in special fields of health work, as well as at the bedside, the nurse plays an indispensable role in helping the sick to help themselves and the well to keep well.

In consideration, then, of the scope and importance of these services of the nurse, the fundamental courses she pursues as a probationer cannot be too well planned. And Bacteriology, of all subjects of the curriculum, demands adequate presentation. The importance of this subject is too obvious to require emphasis. Our knowledge of bacteria is the very corner stone of the whole structure of personal hygiene and public

health and is the basis of the technic which the nurse will follow every day of her professional life. But Bacteriology is a big subject to crowd into a maximum of forty-five hours. What shall we aim at in teaching it, and so what shall comprise the course?

Well, one thing, certainly, is clear,—we do not aim to make bacteriologists of the nurses. There is no occasion for that. Nor can we hope, in this course, to give special instruction in public health, though all we say will have a fundamental bearing on that subject. The aim ought to be to give as complete and thorough a course as possible and at the same time an eminently practical one. I think it well to admit that the student nurse has no interest in bacteria for their own sake. Possibly we may arouse this interest, and if so, all well and good. Her interest lies rather in the application of Bacteriology to her work, and this fact we must never lose sight of. What she really wants to know and what she needs to know are the facts which throw light on her own activities as a nurse, and which explain and rationalize them.

Bacteriology is nothing if not illuminating. It introduces to the student a strange and wonderful world, inhabited by creatures extremely minute, but amazingly powerful. Knowledge of the activities of members of this microscopic kingdom casts a flood of light over what is to the student the dark mystery of infectious disease and supplies an intelligible basis for what would otherwise seem a silly and useless technic. One very practicable aim is to make the student acutely conscious of the ubiquity of representatives of this microscopic world. She must learn what asepsis is, and especially what it is not. Beyond this, we may aim to give a clear idea of the fundamental properties of bacteria, especially the physiological properties. This knowledge will furnish an understanding of the life of bacteria in and out of the living body, and the limitations and possibilities of their existence in any circumstances. Methods of controlling or destroying the life of bacteria may then find really intelligent use.

It is of great importance, further, that the student learn how a few of the great host of bacterial forms cause disease and how the body defends itself. What conditions are necessary that an infection may take place and how may the body react to the invading microörganisms? What is the life of pathogenic bacteria outside of the living body and how are they carried from person to person?

Finally, we should aim to tell the story of each of the important infectious diseases with the bacteria involved as the heroes (or villains, if you choose) of the tale. If we make this narrative as vivid and illuminating as possible within the limits of positive knowledge and if the laboratory observations properly supplement it, the student may acquire an accurate mental moving picture of the infection from beginning to end. She becomes able, in short, to visualize the disease in terms of Bacteriology. She is able, for example, to trace in detail the organism of typhoid fever from case to case and through the body of the sick during the course of the disease. The visualization should add both interest and efficiency to her work and enable her to conduct herself and to teach others not from mere

knowledge of rules but from understanding.

With these aims in mind the course naturally divides itself into three main parts: first, the fundamentals of Bacteriology and bacteriological technic; second, bacteria as disease producers,—general factors of infection and resistance; third, the important infectious diseases individually considered.

The first part, concerning the fundamentals of Bacteriology, requires no less than a third of the time of the course, and there's no time for irrelevant topics. It has been traditional in courses for nurses, to approach the subject of Bacteriology in an absurdly round-about way. After consideration of various points of plant anatomy and physiology, almost entirely foreign to the subject of the course, the student was finally, and it seemed reluctantly, introduced to bacteria. Now since Bacteriology is the subject, I can see no reason for not discussing bacteria from the start. Why should time be wasted in studying the functions of the green leaf or the structure of the onion skin as was formerly so commonly done? I can see little sense in studying the green leaf here since the organisms with which we are chiefly concerned have no chlorophyll and are actually killed by sunlight. And why introduce the onion skin cell and spend the rest of the course explaining the difference between it and bacterial cells? No, these studies belong in another course.

Protozoa, yeasts, and molds do not deserve too great a prominence. These organisms are of interest because of their close biological relationship to bacteria and as the cause of relatively few, and for the most part, unimportant human diseases. We are not teaching household bacteriology, and molds, especially, need to be kept in their place.

An extended discussion of the fundamental physiology of bacteria, with frequent reference to interesting and important practical illustrations seems to me to be the most vital teaching of this first part. There naturally follows a full treatment of the subject of sterilization and disinfection, given with as much practical emphasis as possible.

In the laboratory, the student becomes "bacteriologically conscious." She should actually handle personally as many cultures from as many different sources as possible. In making and in studying these cultures she learns the fundamentals of aseptic technic, she is trained in accurate observation and recording, and acquires, as well, some vivid mental pictures of the bacteria themselves. She is convinced by her own tests of the universal presence of bacteria on common objects outside the body and on the body surfaces. She learns the foods and conditions of environment necessary for their growth and she sees with her own eyes the action of agents destructive to their life.

In the lecture work of the second part we have to consider the various factors bringing about infections, the external and internal defences of the body, and the means by which infectious diseases are transmitted. These subjects need to be treated very broadly and briefly, but as thoroughly as the limited time (about six to eight lecture hours) will permit. The student should acquire a common-sense perspective on the whole matter of infectious disease. Theories

of immunity may perhaps help in the visualization we are striving for, but if they do not help they had better not be introduced at all. Student nurses seem to find the subject of immunity most difficult. It is difficult. Only an outline of this complex subject can profitably be given.

In the third part comes the story telling. Here I think experience shows the wisdom of gaining attention by approaching the particular diseases to be studied by way of a clinical condition already familiar or easily comprehended rather than according to artificial classifications of pathogenic bacteria. We cannot assume on the part of the students any great interest in strange bacterial forms for their own sake. If we announce the subject to be "Gram positive cocci," we do not secure a very lively response. Perhaps attention ought to be gained, but actually it is not. The student's interest *can* be aroused, however, by calling attention first to a clinical condition which can be readily understood. This condition may then be connected with the bacteria concerned. Thus, attention may be called to the common suppurative infections and so the pathogenic staphylococci and then streptecocci introduced. The bacteriology of wounds may be discussed, which will cause mention of a variety of organisms. Then the infections of the mouth and throat, of the respiratory tract, of the digestive tract, of the genital tract, and of the meninges may come up in their turn for consideration. Of course, particular pathogenic species, once under discussion in connection with a typical infection of one part of the body, may have all their characteristic disease-producing activities described wherein they commonly invade other parts of the body. The normal flora of various body areas would come in for description also. Not quite all the important infections will readily fall into a classification such as is above suggested, but most of them may be made to. Such diseases as plague, anthrax or tuberculosis may be more conveniently taken up as separarate topics. Diphtheria, pneumonia, typhoid fever and tuberculosis may be given special attention, whereas many other infections, such as relapsing fever or glanders, may be very briefly treated. The acute exanthematous diseases and others due to filterable viruses or to unknown cause must not be neglected, even though we know so little concerning them, for included in this group are some of the most common and most severe of human ills. The bacteriology of water and milk deserves to be considered fully in lecture and demonstration, but laboratory work with water or milk may profitably be omitted.

In the laboratory the student should get acquainted with the typical appearance and most outstanding characteristics, at least, of the pathogenic bacteria under discussion and learn some of the means by which they are isolated or recognized. By putting herself, temporarily, in his place she may learn what sort of a specimen the bacteriologist requires for diagnosis. And she may tie to her mental moving picture of the course of particular diseases a memory of the very organism concerned. She may perhaps see in animals the effect of some pathogenic organism and the preventive or curative value of some serum or vaccines. Demonstrations may often be given with profit, but

nothing should be merely demonstrated which can possibly be done by the students themselves.

By some such course, according to some such plan, the student nurse may acquire some fundamental concepts and some illuminating insights with respect to bacteria and infectious disease which ought to be fundamental enough and illuminating enough to make her a more intelligent nurse. And that, after all, is the aim. She will not be a bacteriologist by any means. She could not be trusted, without further practical training, to make a bacteriological diagnosis. But her eyes have been opened to the practical applications of Bacteriology to nursing, and to the fundamental properties and activities of bacteria and their connection with disease. Though she still has only a little knowledge it should be so broadly fundamental as to make her a more intelligent and fit associate to the physician, and a trustworthy mentor for the common people she will serve.

"THE HAPPIEST CHRISTMAS OF MY LIFE"

By Lucia Freeman, R.N.

CHRISTMAS a thousand miles from home and kin sounds rather dreary; Christmas in a boarding house, more lonesome still. And as one little back-country, twelve-year-old invalid said, "I hain't never a' looked at them folks to know who I was a' lookin' at," had been true a year before.

Late in November, going over my record file, I made note of the families I felt sure would have no Christmas, and at the December meeting of the Nursing Committee (Red Cross), producing the list, I asked, "What are we going to do for Christmas?" The response was, "What shall we do?"

I had found the church was planning a tree for the children, so I suggested that each class take a shut-in or a whole family and provide Christmas, doing for others instead of having others do for them.

This was new and it was very popular. One class took the blind man's family, —wife and four little ones—; another the crippled man's family,—wife and four little ones;—a third took the little old blind lady, and yet another the crippled girl who lived twenty miles from town. The family of six where the father had tuberculosis, the little boy in a sanatorium, the cripple in the hospital, the fatherless children, the aged couples fighting to keep out of the county home, the wayward girl in a rescue home,—all were considered, and most of the people who had been helped by the Red Cross during the year, were remembered at Christmas.

So many calls! So many hurried conversations! So many times, as I'd start out on my drives, the young people would hail me, "Oh, Miss F., you know our class is going to send Christmas to the sixteen-year-old girl who hasn't walked for four years. What would she like?" "Young lady, how old are you?" "Sixteen years." "Don't you think she would enjoy the same things that you do?" "I've just read the best book. Do you think she would care for it?"

The goat supplies two quarts of milk daily for these children who live miles away from any cow. A Sunday School purchased the goat for them.

.Three or four girls would be waiting for me every evening to talk over their plans and ask for suggestions. How many get-together meetings the school girls had, getting up the baskets, collecting jellies and delicacies, a project which was discussed in the class room by the happy pupils.

Next, word came to me from the principal, "The Sunday School classes are filled with the Christmas spirit. What can the city schools do for Christmas?" "There are many families in the county who for some reason or other are not self-supporting. I wonder if every school child will bring in something for a Christmas dinner. Every child can help if he brings only one potato. Tell them something which would be good for their own Christmas dinners, would be enjoyed by others."

The day of the Christmas exercises at school, the children marched into chapel, filed by the platform, and laid their offerings upon it. Several farmers sent in bags of potatoes, pots of home-made butter, canned vegetables, canned fruits, celery, bread, but there were many bags containing just one small potato. Some of the classes requested the nurse to deliver their Christmas basket, some wanted the nurse to go with them, still others had a committee from the church to deliver the baskets from their classes!

One-half of the world does not know how the other half lives! One church committee was delivering the baskets their Sunday School had provided for the blind man and his family, and for the "T. B." patient and his six children. This was a city church. They had already helped generously by buying a cow for one family, providing a sleeping porch for another, and by paying for an attendant for a dying patient, but they had no real idea of rural

conditions, so they carried out their own plans.

Starting out at seven o'clock, the day before Christmas, I worked hard until late at night, delivering baskets and boxes and wishing people a "Merry Christmas" and when I got home there was a long distance call; the school ten miles away had failed to notify me that they wanted me to deliver the children's offering. So on Christmas morning I went to the school house and found ten sacks of potatoes and the stage piled high with good things to eat. The teachers had left in a great hurry and had neglected to make plans for the delivery. In fact, they had not promised any help and we had not counted on them. All day long, in a car with a driver loaned for the occasion, I visited chronics, aged, and dependent families and left the winter's supply of potatoes and a few delicacies. The roads were bad, but we had no accidents. The day was a happy one.

The next day one of my tuberculous patients came to town, and I asked him how the children enjoyed their Christmas. His smile was faint as he said, "We didn't even have an orange in the house yesterday, so I came today to get a few." Saying, "Don't you leave town until I see you again," I drove ten miles to the committee that had undertaken to provide Christmas for this family. It was a good thing the speed cop had the day off! The people who had started out to deliver the baskets had supplies for two families, but the conditions in the first house had wrung their hearts, so they emptied the touring car right there, forgetting entirely the second family. I wrung their hearts a little more and with one person at the 'phone and two cars busy, we collected a "Christmas" inside of two hours, which caused the little ones to say, "Why, the Red Cross has brought Christmas back to us."

Back in one forgotten end of the county, is a section called Scuffletown. Roads are poor, the school is tiny, and visitors are rare. Of the thirty-seven children of school age in the district only thirteen had registered; there are thirty-two adult illiterates. There was only one Bible in the district.

The scholars in this little school, far from a good road, were too much frightened to speak above a whisper the first time the nurse called. The picture includes the teacher and a visitor.

The nursing committee decided to have a Christmas for all of this district at the school house, so word was sent for children, parents and friends to meet at 2 o'clock. We carried books, toys, musical balloons, sparklers, oranges, apples and bags of candy and nuts, and decorations for the tree, and started out early in order to cut down a tree, and decorate the building before our guests should arrive. We arrived at the schoolhouse before twelve o'clock, having planned to have our luncheon at the school, but no sooner had our car stopped than people appeared from all sides. We divided our lunch and one member of the party took the children

out for some games while we decorated. We sang Christmas songs to an accompaniment on a folding organ. Sparklers were new, balloons were new. Such a noise when they had learned how to blow them! And such appreciation of it all for, as one woman to whom little joy had come, said, "I knowed I was a-comin' if I had to make me a dress out of sack-cloth."

HIGH BLOOD PRESSURE: ITS CARE AND TREATMENT

By Louise Gliem, R.N., B.S.

WITHIN the past few years the layman's interest in high blood pressure has been greatly stimulated. The discussions which heretofore appeared only in medical journals are more and more finding their way into popular magazines and pamphlets, written in language readily understood by the general public.

For many years high blood pressure was by some held to be a disease in itself; but more recently that idea has been modified, and at the present time high blood pressure is considered rather as a symptom, although not a constant symptom of any one disease. This has made a knowledge of the subject imperative for every nurse, whether she be nursing at the bedside or doing public health work. She is asked almost daily about the treatment and nursing care of such cases. It is especially important for her to know something of rational types of treatment, with at least a working knowledge of the meaning of blood pressure readings and the factors which influence it.

Since nursing care is indicated only in cases where there are complications, such as those of the heart and the kidneys, I shall state the points in the care of ordinary high blood pressure cases with which the nurse should be familiar, should she be called upon by the physician to assist a patient in lowering a beginning high blood pressure condition. I wish to emphasize the fact that since high blood pressure is a symptom, although not one which is constant in any one disease, it is therefore not to be confused with disease itself, such as arteriosclerosis. Unfortunately, as yet no definite, proven conclusion has been reached as to the fundamental cause of high blood pressure. Janeway,[1] in his extensive study and observation of many cases, found that the frequencies of the causes of death among such patients were in this order:

(1) Gradual cardiac insufficiency
(2) Uremic symptoms
(3) Apoplexy
(4) Some complicating acute infection
(5) An attack of angina pectoris.

Bishop divides cases of cardio-vascular disorders into three classes; high pressure, low pressure and secondary low pressure, with many "border line" cases between these groups.

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[1] Janeway, Theodore: The Clinical Study of Blood Pressure, New York, 1904. Appleton, p. 142.

According to Hunter,[2] it appears from investigations made in blood pressure cases that:

(1) Both systolic and diastolic pressure increase with age.

(2) The pulse pressure increases very slightly with age, but varies considerably in different individuals in good health.

(3) The blood pressure is affected by build, increasing with the percentage over the average weight and decreasing with the percentage underweight. It increases very little with height.

(4) In the younger age group, it is slightly lower (about 3mm), among women than among men. At the middle and older ages, there is little if any difference.

(5) The higher the blood pressure is above the average, the greater the mortality.

(6) Persons with a distinctly high pressure are prone to develop diseases of the heart, blood vessels and kidney, the mortality from heart disease, apoplexy and Bright's disease being very high among them.

(7) A blood pressure slightly lower than the average is favorable to longevity, provided the general health is good.

(8) A *moderate* use of tobacco does not seem to have much influence on the blood pressure.

Wiggers[3] states: "Aside from sex and age, blood pressure readings are apparently directly related to stature, weight and race. Thus, statistical studies show that both in men and women there is a difference of about 10 mm. between heavy weight and light weight individuals of the same height and age (Burlage, Symonds, etc.). As regards racial factors, recent observations indicate that the systolic blood pressure of native Occidental races is uniformly from 10 mm. to 30 mm. lower than in Caucasian races of Europe and North America (according to table compiled by Cadbury)."

It is generally agreed that blood pressure has a tendency to increase with age—at forty-five or fifty years—probably due to the changes taking place in the arteries. On the other hand, according to Wildt and Bores, there is a tendency for it to decrease after the age of sixty-five. This will be seen from a summary tabulated after Norris:[4]

WOMEN

Age in years	*Number examined*	*Systolic pressure*	*Diastolic pressure*	*Pulse pressure*
65—69	21	154	83	71
70—74	20	158	83	72
75—79	24	170	88	81
80—84	16	183	85	91
85—89	7	170	90	77
90—94	3	137	80	53

MEN

Age in years	*Number examined*	*Systolic pressure*	*Diastolic pressure*	*Pulse pressure*
65—69	11	145	81	63
70—74	10	166	91	75
75—79	14	159	89	77
80—84	11	163	84	80
85—89	0	0	0	0
90—94	4	145	81	65

Du Bray[5] believes that the height of the blood pressure is of far less importance than the conditions which cause it and he emphasizes the importance of an intimate knowledge of the patient's daily life, the need for a very careful history, including the personal habits of

[2] Hunter, Arthur: Blood Pressure; What Affects It? Address delivered at the seventeenth annual meeting of the Association of Life Insurance Presidents, New York, Dec. 6, 1923, p. 4.

[3] Wiggers, Carl John: Modern Aspects of Circulation in Health and Disease, Philadelphia, 1915, Lea & Febiger, p. 361.

[4] Norris quoted by Wiggers, op. cit.

[5] DuBray, Ernest: Practical Considerations in the Management of Patients Presenting Essential Hypertension, Am. J. M. Sc. clxviii, 716 (May) 1924.

the patient, his diet, the kind of work which he does, the kind and the amount of exercise which he takes, as well as his hours of sleep and rest. A knowledge of these details makes possible the establishment of a suitable regimen for the patient.

Mortensen[6] states that the three most important factors in the treatment of high blood pressure cases are:

(1) A proper dietetic regime, (2) proper and adequate elimination by way of the skin and the bowels and (3) proper control of the amount of work and activity and the elimination of nervous tension and of fear.

Norris makes some desirable suggestions as to methods of guarding against errors in the reading which may be caused by psychological reactions:

(1) Discard the result of the first reading using it simply to demonstrate the harmless and painless character of the procedure, and, when possible, make subsequent readings after some little time has elapsed. (2) Avoid making blood pressure observations when the patient is excited, anxious or worried as a result of an examination, etc. (3) Make several consecutive readings and if they correspond more or less closely, take the arithmetic mean. (4) Make the observation as quickly as is consistent with accuracy; do not look at the monometer until the pulse is felt (or a certain phase of sound heard on auscultation)—at this point the air escapement should be tightly closed until the reading is made. (5) Allow the pressure to fall to zero between observations and permit sufficient time to elapse between readings for the venous pressure (stasis) to fall to the normal level.

It is important that the blood pressure should always be taken with the patient in the same position. It is very desirable to make the determination with dispatch in order to avoid discomfort and a reflex or a direct mechanical effect on the general blood pressure. If the patient has been stimulated by eating, drinking, or smoking, the tendency to elevate the pressure should be taken into account. It is important also to note the psychic reaction of the patient.

There are those in the medical profession who believe that heredity may be a factor in causing high blood pressure. Recently the following appeared in *Time*:[7]

For some time physicians have been impressed with the belief that many of the factors causing high blood pressure are hereditary. In 1922, a physician reported a family in which ten of the twelve members had high blood pressure, and in another instance nine members in one family died of hemorrhage of the brain due to high blood pressure. Now, Doctors J. P. O'Hara, W. G. Walker and M. C. Vickers, of Boston, present figures for the Peter Bent Brigham Hospital of that city which indicate that in a large majority of cases the heredity factor may be demonstrated as important. The figures demonstrate conclusively, they believe, that a family history of heart, kidney and brain disease is twice as common in a patient with high blood pressure as in the ordinary patient who has not a high blood pressure.

It was also found that, from the ages of 10 to 20, patients who later have high blood pressure are likely to be nervous and temperamental; to have frequent nosebleeds, headaches, cold, sweaty hands, flushing, blushing and extreme sensitiveness. More than 42 per cent. of 300 patients with high blood pressure had had such symptoms. These facts seem to suggest that physicians and parents should watch carefully over younger members of families in which high blood pressure is common, and try to protect the growing child against the stresses and strains that seem to be important in producing hypertension.

An adequate slogan for the dietary in high blood pressure cases would be,

[6] Mortensen, Martin A.: Private communication, 1924.

[7] Editorial, High Blood Pressure, *Time*, iv, 2 (July 14), 1924.

"Eat simple foods, well prepared." This is of utmost importance to the patient. It is essential that the diet should be low in protein and decidedly laxative. In cases of chronic constipation the patient must be taught and trained to eat such foods as will give sufficient bulk and roughage to stimulate the evacuation of the bowels three times a day.

In many cases it is found that previous to treatment the diet of the patient has been too concentrated. It is well to arrange and plan a dietary which will contain plenty of fruit and fresh vegetables, avoiding, however, the gas producing foods such as cabbage, cucumbers, turnips, radishes, etc. Condiments, tea, coffee and alcohol should be avoided, and the salt content of the food should be kept low. The amounts of all fried and hot breads, as well as white breads, should be restricted. Cereals should be served with half bran. In cases of very high blood pressure physicians often eliminate liquids almost entirely. High blood pressure cases should always avoid over-eating or eating when fatigued. In the latter case it is best, if possible, to rest for half an hour before the meal. Hurried eating is always contra-indicated. Instead of eating too much, too hurriedly, the patient should be advised to eat less and to eat very slowly.

The amount of protein should be kept down to about 10 per cent., which is practically one-fourth of what the average man now eats. The protein can best be supplied by the use of egg yolks, milk, buttermilk and cottage cheese.

A satisfactory arrangement of meals is a good breakfast, a heavier mid-day meal, and a light evening meal.

The following are simple dietary regulations, which could be easily followed in any home:[8]

This diet should be made very simple and laxative, with many fresh green vegetables and fruits. Protein should never constitute more than 10 per cent. of the daily ration. Cottage cheese, butter, one egg or two egg yolks may be used once a day in most cases. The yolks, even when hard boiled, are quickly and very completely digested. Hard boiled egg whites often pass through the alimentary canal without digestion. The greatest care should be taken to avoid the use of eggs which are not strictly fresh. Meat of all kinds, including fish, fowl, fresh and shell fish, together with many varieties of cheese, should be entirely discarded. Salt should be used sparingly.

The most laxative foods are those which contain the largest amount of cellulose. Cellulose is found exclusively in vegetable products, forming the framework and fiber of plants, the walls of vegetable cells, and the coverings of seeds. The foods in the following list are especially rich in cellulose and have precedence in the order named:

Wheat bran	Asparagus
Huckleberries	Blackberries
Oatmeal	Cranberries
Green peas	Carrots
Cabbage	Spinach
Beans	Currants
Brussels sprouts	Cauliflower
Kohl-rabi	Figs
Red raspberries	Lentils
Celery	Barley
Turnips	Lettuce
Pumpkin	Onions
Beets	

Avoid foods which are likely to give

[8] Pegram, Anna McKinnon: Private communication from dietitians' office, Battle Creek Sanitarium, 1924.

discomfort either from the bulk of the food or from fermentation. In cases where there is much flatulence, the amount of liquid at meals must be cut down.

Drink no water with meals. One to two glasses of warm or cool water should be taken every morning one hour to one-half hour before breakfast. At least one glass of water should be taken between meals. Do not drink anything within one-half hour before meals.

Avoid condiments (pepper, mustard, vinegar, much salt), meat, soups or bouillons, rich gravies, heavy desserts, stimulants (alcohol, tea, and coffee).

Fat in the form of butter, cream, olive oil, etc., should be used in sufficient quantities to regulate body weight.

The use of vegetables and fruits in large amounts, especially oranges, grapefruit, cantaloupe, apples, and potatoes is of the greatest value in furnishing alkaline basic salts. Soups and gravies may be prepared from water in which potatoes have been cooked.

Foods to be included in the diet:

FRUITS—All fresh and cooked fruits, especially figs, dried and soaked prunes, raisins, berries, oranges, etc.

VEGETABLES—All vegetables: carrots, parsnips, beets, spinach, dandelions, all other greens, string beans, egg plant, celery, lettuce. Uncooked vegetables such as celery and lettuce are especially laxative.

SALADS—Prepared from uncooked materials, edible raw fruits and vegetables.

SOUPS—Vegetable soups, especially clear soups.

CEREALS—All cereals, especially those of coarse consistency: oatmeal, brose cooked from six to ten minutes, cracked wheat, whole wheat, cooked bran, bran mush, shredded wheat, wheat flakes. Bran may be used with all cereals, one part bran to one part cereal.

BREADS—Bran, graham, corn, oatmeal, whole wheat and rye. Bran or graham rolls, buns, bran wafers, bran biscuit and muffins. Avoid white bread. Avoid fresh or hot breads of any kind.

BEVERAGES—Buttermilk, unsweetened fruit juices, apple juice, grape juice, orange juice and blueberry juice are especially laxative. Cereal coffee, malted milk, and malted nuts.

DESSERTS—Sherbets, ices, ice cream, simple puddings, plain cake, fruit, gelatins and tapiocas, especially those prepared with fruit.

MISCELLANEOUS—Cottage cheese, yogurt cheese, eggs in moderation, cream, butter, marmalades, fruit gelatin, malt honey, nuts, malted nuts, olive oil, macaroni, spaghetti.

ACCESSORIES—Bran, agar, paraffin oil preparations.

It must, of course, be understood that the management of complications in high blood pressure cases should always be left to the physician.

The consensus of opinion among the medical authorities seems to be that only in emergency cases are drugs indicated. Barker[9] says that "the use of drugs to reduce high blood pressure directly, except in certain emergencies, is not rational and is rapidly falling into disuse and disrepute."

One of the important considerations in the treatment of high blood pressure cases, according to Mortensen,[6] is the avoidance, in any form of treatment, of shock to the patient. Hydrotherapy has been used with good results. To employ this successfully a thorough

[9] Barker, Lewellys F., and Cole, Norman B.: Blood Pressure—Cause, Effect and Remedy, New York, 1924, Appleton, pp. 90 and 143.

knowledge and a clear understanding of the principles underlying hydrotherapeutic measures are first essentials. The result to be brought about is the dilation of the capillaries, with a lessening of splanchnic congestion. In ordinary cases a warm bath is safe, as are hot fomentations to the abdomen or hot leg packs. The patient should not be subjected to a cold treatment, but may have a warm shower bath at 105°—80° Fahr. after a short electric light bath.

Kellogg[10] states that "the cabinet electric light bath may be employed in cases in which the pressure is not high and the vascular changes are still in an incipient state; the arc light bath may be employed in the same way to excellent advantage. The sun bath, used with caution and repeated daily until the skin is thoroughly tanned, is one of the most effective means of combating degenerative changes in the cutaneous vessels. Moderate hydriatic measures of nearly every sort improve metabolism and thus check the degenerative processes which give rise to high blood pressure."

In summing up the important points in the treatment of high blood pressure cases it is evident that, first of all, a *rational* form of treatment is indicated, a proper hygienic regimen, including dietary restrictions, regulated exercise, and a careful observation of the patient's daily habits. The patient's readjustment to this new program should be made with care, much consideration and thought, so as to cause as little disturbance as possible to the patient, mentally or physically. A nurse who follows closely the orders given by the physician will undoubtedly have very little difficulty in helping the patient with high blood pressure to adjust himself satisfactorily to the indicated regime.

[10] Kellogg, John Harvey: Hydrotherapy in Cardiovascular Disorders, Illinois, M. J., March, 1916.

PLASTER BUCKET LINING

By Fairy Settle, R.N.

EVERY hospital has its particular overwhelming problems and most hospitals, not unlike individuals, have many common problems which, until solved, create a most disturbing element.

One of the many problems of an orthopedic hospital is the great difficulty of removing plaster from the bucket in which plaster bandages have been dipped for the purpose of applying plaster apparel. After a short time, the plaster adheres to the bucket and must be removed with a plaster knife, or as best one can remove it. This requires times, and loss of time is an extreme disadvantage since much depends upon the rapidity and carefulness with which the plaster is applied. Unless there are several extra hands besides those for maintaining the correct position, making plaster splints rapidly, and applying plaster bandages, there is no spare time for scraping plaster from the bucket. One may have two, or even more buckets for dipping plaster bandages, but even this does not solve the problem of finally having to remove the plaster.

A simple lining of heavy canvas may

be cut, and fitted to a galvanized bucket, or any sort one may choose for that purpose. When finished, the lining should be of the same shape as the bucket to which it is attached. The canvas extends about 2 inches over the rim of the bucket, and is held securely at each side by means of a drawstring. A slit of about 2 inches at the sides allows for neat fitting over the handle of the bucket.

The plaster forms a solid cake in the canvas lining and may be hurriedly dashed into the garbage with little or no litter. The bucket is inverted, the lining is turned out of the bucket, and is thus peeled from around the plaster. This necessitates that the drawstring be strong, and firmly tied. The plaster bucket is left free of the usual disorder, and the lining may be turned inside out to dry for the next using.

Drawn by Betty Cooper

This simple lining may be easily made by anyone, and it does facilitate matters by saving time and eliminating much of the disorder so frequent in the use of plaster material.

NURSING SMALL HOSPITALS

By Susan C. Francis, R.N.

[Small hospitals frequently and rightly assume an importance out of all proportion to their size. This importance may be attributed to one of two reasons; the high quality of the special service rendered or because, as in rural communities, they provide the only hospital service available. In offering prizes for articles on Nursing Small Hospitals, the Journal hoped to dignify the subject by bringing it into prominence and to clarify the thinking of those responsible for such hospitals, in order that both patients and nurses may receive just treatment. The subject was approached from widely diverging angles by the various writers. This article received first prize because of the breadth of treatment accorded the subject. More detailed discussion was not possible because of the word limit imposed on the writers. The paper which won the second prize, to be published at a later date, deals more specifically with the problems of the rural hospital. The two papers, we believe, make a distinct contribution to our thinking along these lines, but we know that the last word has not yet been said. The Journal will welcome correspondence and suggestions on the subject.]

THE title assigned limits the size of the hospital to be considered, to fifty beds or under, and the size determines to a certain extent the type, since seldom if ever does one find a public hospital, federal, state or city, with as few as fifty beds. The exception may be the county hospital for tubercular patients or perhaps for the county aged and infirm.

Types of hospitals to be considered therefore may be grouped, first, according to control as follows:

A. Those under the direction of a Board of Trustees and supported in one of three ways: 1. By voluntary contributions supplemented by fees from patients; 2. By voluntary contributions supplemented by state or city aid and by fees from patients; 3. Voluntary contributions supplemented by state or city aid only.

B. Those under the direction of a single individual or a private corporation and supported entirely by patients' fees.

They may be grouped, second, according to classes of disease admitted:

A. The general hospital admitting all types of diseases with the possible exception of those of an acute communicable nature, the patients being both ward and private.

B. The special hospital limiting its patients according to age, as a hospital for children or for infants only; the hospital limiting its patients according to sex, as those for women only; or the hospital limiting its patients according to disease, as those for cancer, for communicable diseases, for obstetrics, for mental and nervous diseases, etc.

In arranging for the nursing of a hospital there are certain factors which must be taken into consideration in addition to the classification under which it may be listed and these will modify to some extent the kind of nursing service employed whether those in control of the hospital wish it or not. These are: (a) The location of the hospital, (b) the standard of service rendered, (c) its connection with a teaching institution, or the acceptance by the hospital of its obligation to undertake an educational and a disease prevention program as well as a curative one.

There are usually three conditions which consciously or unconsciously influence a young woman when she is making a decision as to her choice of the hospital she will enter either as a graduate or as a student nurse, and different individuals will place them in varying sequences. First, she will ask, What are the educational advantages which this hospital has to offer? second, What are the social or the recreational advantages? and third, What are the financial advantages? The far seeing hospital executive will have these conditions in mind when planning the nursing service for her hospital and she will sit down and survey her community to ascertain under which of these headings she has something to offer in order to be ready to supplement one or the other if need be.

The systems of nursing hospital patients today and as outlined in the directions for the formulation of this paper are as follows: (a) Student nurses of a school under the supervision of teaching head nurses, (b) a graduate nurse staff, (c) attendants under the direction and supervision of graduate nurses, (d) various combinations of these methods.

It may be helpful to sum up in a diagrammatic form the points to be taken into consideration regarding the hospitals to be nursed, and the material available to nurse them, before reaching a conclusion as to the most effective combinations of the two.

Because of the existence in both large and small communities all over the country of the small general hospital and because of the real need for these hospitals and the invaluable service they render, particularly in the rural communities, they present perhaps the most manifold nursing problems, although in not such an acute form as do some of the special hospitals.

- Types of Hospitals—50 beds or under
  - General
    - Private, semi-private and ward patients
    - Private patients only
    - Ward patients only
  - Special
    - Children only — Private, semi-private and ward
    - Infants only — Private only
    - Women only — Ward only
    - Maternity — Private, semi-private and ward
    - Communicable Diseases — Private only
    - Mental and Nervous — Private only
    - Cancer — Private only
    - Eye, Ear, Nose and Throat — Ward only
    - Tuberculosis — Ward only
- Functions of Hospital
  - Curative only
  - Curative and Educational
    - For patients in disease prevention
    - For students in nursing
    - For students in medicine
- Location of Hospital and Advantages therefrom
  - Educational
  - Social and Recreational
  - Financial
- Nursing Systems
  - Students directed, supervised and taught by graduate nurses
  - Attendants directed, supervised and taught by graduate nurses
  - Graduate nurses
  - Combinations of above

Those hospitals, whether general or special, under the control of a single individual or of a private corporation, in the opinion of the writer, require but a brief consideration. With but few exceptions their objective is the treatment and care of disease; and financially they must make ends meet, or better, so that usually there are no funds for an educational program for anyone. The status of the nursing staff therefore should be economic only. They should be paid adequately for service rendered, and they should be graduate nurses or graduate nurses supplemented by helpers of a grade distinctly above the maid group. These private hospitals have various methods of utilizing a graduate nurse corps. Nurses in numbers sufficient to staff the hospital at capacity may be employed for a fixed salary the year round, with a stipulated maximum daily number of hours of duty but with a flexible arrangement as to assignment. For instance, they may be assigned to general floor duty, to "group nursing," or to special nursing with one patient. By this arrangement the nurse is assured of a permanent position, an income of whose amount she is reasonably sure, of a permanent place in which to live, and of hours of duty so arranged that she is able with some degree of certainty to arrange for her personal life. The appeal to the nurse of such a position may lie in the fact that the hospital is so located as to enable the ambitious graduate to hold a position of this type while taking some work in a near-by educational institution; or it may enable her to live at home and maintain a household for some dependent member of her family.

Where the patients are cared for by floor duty nurses, or where there is a system of "group" nursing, helpers of the right type would be of distinct value, while conserving the time and energy of

the skilled workers. They could be taught to dust, to arrange flowers and to put the patient's room in order after the morning attention. They could be taught to help feed helpless patients, to run the numberless errands, to keep linen and service rooms in order, to make dressings and to perform routine duties of a time and energy consuming nature; but for which a hospital cannot and should not afford to pay skilled professional workers.

Again the hospital may employ a minimum graduate nurse staff, with or without the addition of trained helpers, and then require the patients to bring their special nurses with them.

Of course, if the clinical material is adequate and sufficiently varied, or if it is supplemented with affiliations to make up the deficiencies and if the management desires to assume the expense of an educational program, there seems to be no reason why the private hospital any more than the public hospital should not conduct a school of nursing and nurse its patients in this manner.

The special hospital with good clinical material, whose control is vested in a volunteer board of trustees is usually in a position to carry an educational program, certainly for student nurses, and its facilities are apt to be eagerly sought by general hospitals provided the requirements which are necessary to good teaching are to be found therein.

Before a special hospital, or any hospital for that matter, offers itself as a teaching field for affiliated students, the following conditions should be met:

(a) A properly prepared teaching and supervisory staff adequate in number should be secured.

(b) Where there are affiliating students, a regular rotation of service must be provided for them as stipulated; therefore a staff of graduate nurses should be employed, sufficient in number to stabilize the nursing of the various departments and to nurse those patients who need the care of the hospital but whose condition does not provide the experience called for in the contract with the schools sending their students for affiliated service. This is particularly true of night duty. While night duty in some departments is necessary to round out the experience of these students, it is manifestly unfair to expect them to nurse the hospital at night and to give time during the day for the heavy class work which they are bound to be required to carry during a brief affiliation period, if their practice and theory are to be correllated.

(c) Attendants should be employed to do the work of the departments not strictly educational in character,—such as dusting, scrubbing of patients' beds, furniture and equipment, helping to feed patients, running errands, caring for linen and supply closets, etc.

(d) Social and living conditions desirable for student nurses should be provided.

Having secured the facilities and the personnel essential to good teaching and having made the fact known, special hospitals—particularly those offering pediatric or obstetric nursing—will be eagerly sought as practice fields by general hospitals in need of these services to round out the experience of their students.

Gradually the special hospitals caring for communicable diseases and those caring for mental and nervous diseases are being similarly sought and as the public awakens to the fact that the majority of nurses today are not being adequately prepared to meet the needs of the community along these lines, either in the curative or in the preventive aspect of the work, there will arise a demand for such preparation that will cause the general hospitals in increasing numbers to seek facilities

for giving their students these phases of nursing education.

It is hardly likely that those special hospitals caring for cancer or for various forms of incurable conditions will ever be sought as practice fields for students of nursing, since these patients are always to be found in the general hospitals in sufficient numbers to provide for the student nurses the necessary experience in their care. It would seem that these hospitals would best be nursed by graduate nurses with the assistance of helpers, or should a plan for training attendants be successfully worked out, they might afford a practice field for this group under the direction and supervision of graduate nurses prepared to teach and to train this type of worker.

All that has been said so far with regard to the nursing of the special hospital has been directed toward its value as a practice field for affiliated students of nursing. Perhaps the easiest way to nurse these hospitals would be by means of graduate nurses supplemented by attendants or helpers. By so doing, however, these hospitals would be failing to assume their educational responsibility to other hospitals and to the communities at large whom the prospective graduates of those hospitals will later serve. The need of the public for the nurse who understands the child, both sick and well, and for the nurse who understands the individual who is mentally sick and before he becomes so, for the nurse who has been taught to think in terms of prevention and who has been brought up, so to speak, in the atmosphere of these patients and who loves the work above and beyond all other types of nursing, in the opinion of the writer places a special obligation upon the well equipped hospitals for children and upon the modern hospitals for the mentally sick to carry an additional educational program,—a program to educate young women for these particular types of service with just enough general nursing education to enable them to qualify as registered or licensed nurses.

To care really successfully for children or for the mentally ill, the nurse must love this phase of nursing work above all others. She must have had it as the mental picture of her work as a nurse before she starts. Then her approach and her attitude to these patients will be really sympathetic whether in the institution, in the private home or in the public health field. Theoretically it would seem that a student should have her general nursing experience first and her special experience built upon this foundation. Practically, however, it works out that once a general nurse, usually always a general nurse, and the individuals who seek postgraduate experience in either of these fields with a view to following that line of work are far too few to meet the needs of institutions, to say nothing of the patients who must be cared for otherwise.

The great need for nurses who have an overbalanced education in these directions may be summed up as follows:

(a) In the hospital for children or for the mentally sick, first to stabilise the nursing in these hospitals and second, to help train the affiliate students from general hospitals who may have been sent for the minimum required periods.

(b) To meet the many requests made by general hospitals for adequately prepared nurses to supervise and direct their children's

departments, or to provide for the hospitals for the mentally sick and for such other institutions needing specially prepared nurses either for administrative or for teaching positions.

(c) To provide adequately prepared workers with the necessary vision to promote preventive, educational or even curative activities along these lines in the public health field regardless of the type of organization fostering the work.

(d) To give bedside care to this type of patients, the experience obtained through an affiliated course or through postgraduate work may adequately prepare the general hospital student; but for teaching, for administrative, for preventive work, something more than mere education is necessary;—it is the deep love for this type of service which inclines the worker toward it rather than toward any other, the living it, the special preparation for it which makes this nurse a success in these fields. Postgraduate work may prepare her technically but too rarely does it imbue her with the necessary spirit and those who desire to so qualify themselves are far too few to meet the need.

In the small general hospitals scattered all over the country we find today the majority of our schools of nursing; and it is by the students in these schools, supervised and directed by more or less well prepared teachers and head nurses that the large majority of the patients in these institutions are nursed.

What is the patients' reaction to this type of service? On the whole it seems to be one of satisfaction, largely the result of the spirit of discipline which usually prevails among the students and of the fresh enthusiasm and interest which they are able to put into their work; and because of this freshness, this bubbling youth and wholesome lightheartedness, deficiencies of technic due to inexperience pass by unnoted by the uninformed patient. The most common complaint which the patient has to offer to this type of nursing is the frequent change of nurses which may be his experience; for these students must have the necessary rotation of service which will give them assignments to every department in the hospital, they must be relieved for class and lecture periods, for recreation and study hours, to say nothing of half days, Sunday time, vacations and possible illness. From the patients' point of view then, what may be considered the most satisfactory method of nursing the small general hospital?

The answer would seem to be a permanent graduate nurse staff sufficient in number to stabilize the nursing service in each department; attendants or helpers for the routine duties around the patient which do not belong to the maid and which are not educational in character, and which should not be carried by the skilled professional worker; and then the student body to supplement these workers provided the clinical material of the hospital warrants placing the institution on an educational basis, or provided the necessary affiliations are supplied to make up the deficiencies in clinical material.

What about this matter from the point of view of the student? It must be admitted that many of these hospitals afford fine opportunities, under proper conditions, for a nursing education; and some of the most successful nurses in the country look back to the small general hospital as the field in which they were given their first view of their chosen profession. These small hospitals in many instances provide a better environment for the young student than does the large hospital. The atmosphere is more apt to be that of home life and she will not be overwhelmed

with the sense that she is only one of a great group of individuals, of relatively small importance, whose comings and goings are of little moment to anyone except herself, quite a reversed situation to being the center of one's immediate group and the concern of an admiring family circle. This complete change in relationships, while healthy in some instances, can be distinctly the opposite and it is here that the small hospital environment can be helpful.

However, given a hospital whose capacity is fifty patients, it is hardly likely that the student body would number more than twenty-five, particularly if there are in addition the necessary number of teaching and supervisory nurses, general duty graduates and helpers. If this group be divided into three classes, we have the drawback of a small class room group and we find as a rule a lack of healthy competition and rivalry so frequently found in a larger group whose variety is so stimulating.

A distinctly uneconomical feature of this multiple duplication of schools is the number of teaching personnel and the equipment provided for many small groups which, if they could be combined, would result in many instances in better work on the part of both teachers and students and would release funds which could be readily used for some other phase of school or hospital work. This idea is by no means a new one as is demonstrated by the central school experiments which are being carried on in various parts of the country. Unless it has been done very recently, however, the only teaching which has thus been combined by a group of hospitals so geographically situated as to permit of such team work, has been confined to the subjects taught in the preliminary term. Why not carry the experiment further, to include the class room work and the laboratory work for the entire course? Obviously this would mean merging the identity of these many schools (not of the hospitals) into one or more large State schools whose students would receive their theoretical instruction in groups—uniformly and economically, who would be assigned for practice work to these small hospitals and to such others as might be necessary to provide adequate clinical facilities for the rounding out of their education. It would relieve the hospitals of the burden of education and place it where it belongs, to be paid for by funds raised largely through taxation rather than by voluntary contribution.

With perhaps some exceptions it should be possible to respect the students' preference in the matter of the hospital to which she would be assigned for her practice work; and while the feeling of belonging to that particular hospital—developing a spirit of loyalty so helpful to the morale of an institution—may not be present in the same degree as is being given to the schools under the present individual management, it certainly could be fostered to a sufficient extent to maintain a feeling of pride in the standard of nursing care given to the patients.

The following outline will sum up briefly the ideas expressed in this paper applying the various methods of nursing to the different types of small hospitals:

Private Hospitals General or Special	Graduate nurses	a. Permanently employed	Special duty
		b. As need arises	Group nursing
			General floor duty
	Attendants or helpers		

Certain types of special hospitals, whether privately or publicly owned	(a) Graduate nurses—Attendants or helpers
	(b) Graduate Nurse Teachers and Supervisors School for trained attendants

Special Hospitals Communicable Disease Obstetrical Eye, Ear, Nose and Throat—Women only	Graduate general duty nurses
	Graduate nurse teachers and supervisors
	Attendants and helpers
	Affiliate student nurses

Special Hospitals Children Mental and Nervous	Graduate general duty nurses
	Graduate nurse teachers and supervisors
	Student nurses of that school
	Affiliate student nurses

Small General Hospitals	Graduate general duty nurses
	Graduate nurse teachers and supervisors
	Attendants or helpers
	Student nurses from a Central or State School

CHRISTMAS WITH THE TWIGS

By Elizabeth S. Knight

"GRANDMOTHER, tell me about the 'Twigs'; the only twigs I know are wee little branches of a tree, and how could you big grown-up people belong to them? I just don't understand," said a pretty blond haired girl settling herself more comfortably in an easy chair. "I heard all the girls talk about their Twigs, and I hated to ask any questions. Not one of them is going to the Alumni Party, because they all said it was Twig Day."

"About thirty-seven years ago," said her grandmother, "in the autumn of 1887, here in Rochester, several women who were great friends, started a sewing society for providing a part, at least, of the supply of linen needed by the Rochester General Hospital. This organization grew to such proportions that they called themselves the parent stem. They have put forth their branches, so to speak, until there are now thirty-four different groups of daughters, granddaughters and their friends who call themselves Twigs. Some have fancy names like The Buds, The Garden, The Bent Twig, The Laurel, The Pine Needles, The Leaves, The Thorns, Magnolia, Oak, Pussy Willows, while others are just numbered.

"The Donation was the great event in Twig life. It was held yearly, in November, and the fall was a busy time preparing for it. It was started about fifty-seven years ago by the Hospital Board, and after the Twigs were started, they took it over. The first bazaar realized a little over $300 while in the last year of its existence it passed the $25,000 mark. The proceeds from it were used for the Hospital charity work

which is now being given by the Community Chest. Many of these Twigs still carry their specialties, such as aprons, lingerie, beachwood blaze, sweaters, bulbs, perennials and many other useful and attractive articles.

"Early in October of each year a luncheon is given by the Board of Managers of the hospital to all the Twigs. The Superintendent of the Hospital then reports what has been accomplished by the Twigs during the past year, and the needs for the coming twelve months.

"One of the problems one year was the question of how to deal with all the neighborhood children, who were mostly Italians, who loved to play in the hospital grounds. Every day they swarmed over the partially broken down wooden fence on to the cool and inviting lawns. Their special joy, it seemed, was to give their war whoop right under the window of the very sick. It was nice for the children to have a public play ground so near to their homes, but the problem worried the Superintendent. The Twigs were asked what they would suggest. They decided to raise money for a high iron fence, which they did, so now the grounds are kept quiet and peaceful.

"One year a Twig gave a sand box with a roof to it for the children's pavilion; another, toys and dresses for the children; still others endowed beds and at Christmas time they are especially busy. They play Santa Claus, but not only to the children who are always looked after at this time, but to the sick men and women in the wards, who are often forgotten by the home people, or who have no home folk at all.

"Last year several of the Twigs

organised themselves into groups for Christmas work, and gave a small gift to all the grownups in the medical, surgical and maternity wards on Christmas Day. One Twig put on each tray at breakfast time a pretty card and a sprig of green. Another Twig gave the beautiful glass balls and yards of shining tinsel for all the Christmas trees used throughout the hospital. The trees, one in each ward, were donated by a very kind man who gives these trees yearly in memory of his wife who, during her life, was active in Twig work.

"There is always a suitable gift at Christmas selected especially for each patient, tied with tissue paper, ribbon and fancy stickers. Getting these gifts ready is a real business and keeps the women busy for weeks. You can see that these Twigs have done much for spreading cheer in the Hospital, and they do bring happiness to the sick, especially at Christmas time.

"I hope you will belong to such a group, and realize that personal service doubles your gifts in value to the recipient. Of course you know always that it is 'not the gift but the giving' which makes glad hearts, especially at Christmas. The Twigs should grow in number and usefulness even as the hospitals for which they work."

TONY AND AUTOSKIN-GRAFTS

By Rosemary Kobes, R.N.

TONY, a red-haired, freckled-faced, bright Italian youth of nineteen years, came to us in an ambulance one stormy day in December of last year. Four months previous to his entry to the University of California Hospital, he had been in an automobile accident sustaining a complete section of the spinal cord at the level of the sixth dorsal segment with total motor and sensory loss below the waist line. The immediate cause of his entry in our hospital, however, was to receive treatment for his ulcers, decubiti and hot water bottle burns. He had deep trophic decubiti over the entire sacral region. Some idea of the extent of these may be obtained by observing the outline of the scar tissue in Figure I; however, the original area involved was about one-third more than the picture shows. At the lower angle of the largest decubitus, extending toward the coccyx, was a sinus with a purulent, offensive discharge. There were ulcers over the right and left trocanters (Figure II-B) and in addition to these, Tony had hot water-bottle burns on both hips, and pressure ulcers on both heels (Figure II-A) together with minor lesions due to moisture and lack of cleanliness.

The outlook was rather disheartening while the mercurial temperament of Tony added to the problem. Not knowing the prognosis of his condition, having been told by his family that his "back was twisted," he still looked forward quite cheerfully at times to his ultimate recovery, but more often he was inconsolably depressed at his lack

FIG. I

Appearance of lumbo-sacral region showing the complete epithelization of the decubitus by autografts.

of improvement, while his apprehension of any new treatment or position called for hours of careful explanation and reasoning, yea, cajoling, before Tony could be persuaded or convinced.

Dr. Howard C. Naffziger had Tony immediately placed on an air mattress which proved to be a source of inestimable aid and comfort to him. The importance of placing these patients on an air mattress at once, or at least not later than two hours after the accident, cannot be too strongly emphasized. It is a most imperative preventive measure which, if neglected, results almost invariably in a condition such as Tony suffered where remedial measures are more often futile than successful.

All undue pressure was relieved by means of a cradle and pillows to which treatment the pressure sores on the heels readily responded. The sacral decubitus with its foul odor and the remaining ulcers were cleaned and dressed with alcohol and glycerine compresses twice daily for four days. This treatment was then succeeded by compresses of Dakin's Solution applied every three hours and the patient's position was changed often. He was placed alternately on his left and right sides and on the abdomen and was kept off his back as much as possible. In view of the fact that he had been on his back almost constantly for four months, it required time to persuade Tony to abandon what was to him the most comfortable position of all. Much time was devoted to the important work of keeping all areas dry and clean, giving frequent alcohol rubs and applying a dusting powder. Needless to say, rubber air-rings were wholly discarded inasmuch as perfect adjustment of a rubber ring near a granulating surface is well nigh impossible without grave danger of breaking down the surrounding scar tissue.

Five days after using Dakin's Solution, the ulcers showed considerable improvement. Except for a few necrotic places, they presented a fresh granulating surface, the epithelium in several areas of the sacral ulcer having extended nearly two centimeters beyond the original margin at the time of entry. Tony's general condition seemed to improve with his increased appetite and he gained visibly in weight.

About three weeks after his entry to the hospital, Tony complained of profuse diaphoresis, of headache and lack of

FIG. II

A. Complete epithelization of pressure areas on heels.
B. Complete epithelization of ulcers over right trocanters.
C. Right hip ulcer showing advancing epithelium from autografts.

appetite and he became deeply depressed. Several days later (January 1, 1924) he was suddenly seized with a severe chill lasting two hours. His temperature which had hitherto shown but slight elevation suddenly rose to 40° Cent., pulse 160, respirations 30. Then followed nineteen days of pyrexia with fluctuating pulse and respirations, with delirium and vehement refusal of all solid food. High caloric fluids were forced despite the combative protest of the patient. Successive blood cultures revealed a streptococcushaemolyticus beta infection. The ulcers, which previous to this onset, had been granulating with surprising rapidity, had assumed an avascular appearance, the new granulation tissue softened and seemed to "melt" away. The skin over the entire body presented an erythematous appearance and was also oedematous and very sensitive to the slightest pressure. Three necrotic areas appeared on the right hip, resulting in a deep ulcer (Figure II-C) despite the fact that this entire surface had been practically free from pressure. Poor little Tony presented the appearance of an Indian famine child afflicted with the plague.

On January 19th, his mind began to clear, the temperature dropping by lysis, and our efforts started anew. Tony was determined to contribute his share toward his recovery and with heroic effort he endeavored to eat high caloric foods, but he had little or no desire for them.

Although the improvement in his general condition was slow, it was also steadily progressive and on February 4, the doctor suggested taking pinch grafts from Tony's thigh and transplanting them to his sacral decubitus. Five of the first six experimental grafts "took" and fused in quite rapidly. These were followed on five different occasions by more extensive grafts on the sacral and right hip areas. Approximately a total of two hundred pinch grafts were transplanted in the process. They grew and fused with astonishing rapidity; daily, they were exposed to the air and

later, when possible, to direct sun rays for a few minutes. By March 31, the entire sacral area was completely epithelialized by the fusing of the grafts (Figure I).

The case of Tony proves again the success of autoskin-grafting, i.e., where the patient is both the donor and recipient. Emile Holman, M.D., in his interesting article on Protein Sensitization in Isoskingrafting,[1] says:

> Iso or homo-skin-grafting (i.e., where the donor and recipient are not identical), is frequently employed by the profession to the wondering delight of a credulous laity, who enjoy contributing small squares of skin as sacrificial offerings on the altar of self-inflicted martyrdom. It is a procedure which has captured the imagination of the public and still holds enthralled a considerable number of the members of our own profession. That such grafting is more often a failure and only in isolated cases a success, seems little known, and it is still regarded without hesitation as a procedure giving uniformly good results quite comparable to those obtained with autografts.

Dr. Holman then quotes the case of a child who had extensive isoskin-grafts from his mother, both belonging to blood group II, but eight weeks after complete epithelization, all the new epithelium except the original grafts had melted away through a process of repeated desquamation, and he regards this as a phenomenon of anaphylaxis or protein intoxication and a manifestation of sensitiveness to the foreign protein of the mother which when curetted away in ten days showed marked improvement; whereas by autografts from the patient's thigh, Doctor Holman succeeded in obtaining permanent epithelial covering, from which results he draws the following conclusion:

> Our observations also prompt us to question very strongly the value and wisdom of ever attempting isografts when there is any skin available for autografts. Certainly if one set of grafts melts away, it would be sheer folly to attempt further isografting from that same donor, and probably also from any donor. Our experience also furnishes contributory evidence to the claim that successful isografts exist only in fable and not in fact.

After Tony's complete recovery from his multiple ulcers, Doctor Naffziger made a turtle-back cast for him, weight 14.3 pounds. Tony was placed in a prone position with his head and legs lowered and his abdomen propped up on pillows while the cast was applied. It catches under the shoulders and beneath the thighs reaching almost to the knees flexing at the hips at an angle of about forty-five degrees. When the cast was completed, it was lifted off and allowed to dry, after which it was smoothly padded and covered with shirting, and, where necessary, with oiled muslin. The advantages of this type of cast are numerous. It may be quickly and easily put on or taken off at will. Whenever the patient wishes to sit up, he can be rolled into the cast while in bed and then lifted, cast and all, in this sitting posture into a wheeled chair without any change of position. The cast fits comfortably and accurately and is well padded over the bony prominences, relieving these areas of all pressure and placing it only on those portions that are well clothed with adipose tissue, thus obviating all danger of decubiti.

After having been horizontal in bed for almost nine months, it was to be expected that adjustment to the cast

[1] *Surgery, Gynecology and Obstetrics*, January, 1924. Vol. XXXVII, pp. 100-106.

would be somewhat of a time consuming process attended by nausea and general discomfort, but Tony, manifesting his characteristic determination and cheerfulness, accustomed himself to his new position in an unusually short time. The first day he sat up for thirty minutes, but felt tired and nauseated; on the second attempt, he remained in his chair for two hours; and on the fourth day he was up for four and one-half hours without experiencing any fatigue or pressure. Whereupon the overjoyed Tony immediately threatened to manipulate his wheeled chair down the corridors on high gear and thus necessitate an ordinance restricting the speed limit of hospital wheeled chairs!

Tony was indeed a happy, grateful boy when he was enabled to return to his home a few weeks ago completely healed of his multiple ulcers. He will have a frame placed over his bed with pulleys attached to enable him to shift and change his position when lying in bed without his cast.

A very important phase in the care of these patients is the endeavor to help them become adjusted to their changed life, to eliminate their thought of uselessness to the world, to overcome their resignation to pessimism and despair and aid them in attaining a cheerful mental attitude toward their surroundings. A verbal expression of sympathy however keenly felt often works havoc with these unfortunate ones who because of their handicap are prone to be introspective and melancholy. Deeper far than any spoken word of kindness is the sympathy that, even at the risk of seeming brutal, "stabs their spirit broad awake" and teaches them a sense of responsibility and self-control. When they have gained this new mental attitude,—and it is not achieved in a day nor is the way exempt from "backsliding,"—they can be taught some compensating work such as watch repairing, lace making, carving, typing, drafting, etc.

Tony, too, will be taught a remunerative occupation, something of his own choosing which he will learn to do quickly and deftly with his hands, and although he knows that he will never be able to walk again, he will soon take his place as a self supporting citizen among his many friends, that "old gang o' mine" as he delights to call them, in the little home town so dear to his heart.

OUR CHRISTMAS CAVE

By Catherine Jones, R.N.

SEATTLE General Hospital School for Nursing is in the big Northwest, and most of our students live more than a day and a night's journey from the city; therefore their Christmas is spent in our Nurses' Residence. The party on Christmas Eve is very lively, not a moment for a homesick feeling to creep in. One year we thought we would eliminate Santa Claus altogether; and we did, with great success.

Instead of the usual Christmas tree and its ornaments, we had an Ice Cave. We used a whole room,—a small parlor, which is off at one side of the large reception room, a wide arch connecting.

The usual electric globes were exchanged for blue lights, cedar trees filled out the corners, and we reproduced a snow scene. Parcels, packages, boxes, that had been pouring in with each visit of the mailman for the past week, were held back (with the owners' permission), were re-wrapped with tissue paper, and that evening they were banked up in this cave. We were very fortunate in having a double width, full length, wall mirror in this room, as it added depth and breadth to the room.

With its white floor, icicles hanging from the ceiling, and dim blue light, it looked oh! so cold, but the parcels looked tempting. These were distributed later in the evening by the "Christmas Spirit." A fairy came down the stairs, a beautiful fairy, singing a Christmas carol, and some one at the piano was playing softly. The fairy carried a wand with a bright star at the top: she entered the cave, still singing. All so gay and bright was she that the cave seemed bright and warm now. Calling off name after name, humming and singing all the while, she made us all her willing followers.

The story teller, whom we had invited to tell us stories that evening, declared it to be the prettiest Christmas party she had ever attended. Our older nurses still say: "This year we must think of something else, but I wish we could have an Ice Cave again, sometime."

EDITORIALS

The Christmas Spirit

THE Christmas spirit! Is it effervescently happy and purposeful within you, is it quite dormant, or has it been crushed to death with the weight of more demanding interests? Someone's happiness depends upon you this Christmas-tide! It may be only your own or it may be that of a single patient and his family, that of many district families, of the patients in a ward or of an entire hospital, but wherever you are, you and someone else will be happier if the Christmas spirit dwells in your heart. Being practical folk, nurses know that careful planning is necessary if results are to be secured at Christmas or any other time. If you are apathetic or indifferent about Christmas this year, we would suggest that you at once re-read Dickens' Christmas Carol. If the story of Old Scrooge, the Cratchits, who were pleased that even a bone of the Christmas goose was left, and if Tiny Tim does not move you, you are in a parlous state and something really drastic should be done about it, but we believe Dickens will set you to making plans most busily as he did Old Scrooge.

Each year, as Christmas approaches, many a nurse revives a picture of Christmas "somewhere in France," usually a glowing memory of coöperative effort in securing holly and other decorations, of gay planning for the celebration of the great day and of a Christmas that, although spent in the midst of horrors and discomforts, will be forever remembered as the "happiest Christmas" because each thought was of others and not of herself.

A group of nurses and social workers once fell to discussing Christmas in hospitals. The nurses spoke of their happiest Christmases, usually those where there was so much to be done that there was no time for loneliness. The social worker expressed amazement that anyone could think of a hospital Christmas as anything but a sorry substitute. It is a sorry substitute for those who suffer; it is a glorious opportunity for those who serve,—an opportunity for the finest expression of that spirit which is the very essence of nursing, as it is of the spirit of Christmas.

No nurse need dream such horrors as did old Scrooge, for it may be said of most of the sisterhood, as it came to be said of Scrooge, she "knew how to keep Christmas well."

To our readers, the world around, the *Journal* extends the season's greetings, the immortal wish of Tiny Tim, and the further hope that each one may "keep Christmas well."

Mental Patterns

WHEN our environment is bounded by the four walls of a sickroom and our activities are restricted to the vagaries of disease, we learn what it means to be alone. No matter how busy we may be, there are scattered

fragments of time when we realize that our only companions are our own thoughts. Whether or not these moments bring their meed of satisfaction depends upon the acquisitions that our tastes have dictated to us. If it has been our habit to see and hear the creations that time has declared shall live, it is then that the test of their true value registers fulfillment for our innermost needs.

When we consider that there is no idle time for the mind—that it is ceaselessly busy with something—and that the power of selection is ours, it would seem that our memories should have their share of those facts and fancies that are fine and true to serve as a bulwark for the emergencies of the sickroom. As we go about our work, it is easy to cultivate the habit of sensing the good in nature, literature, art and music, for

> Every common bush is afire with God;
> But only he who sees takes off his shoes.

Then when the occasion arises, as it inevitably does, that we work at the bedside of our desperately ill patients, these stored-up memories come trooping forward to alleviate situations that sometimes seem hopeless.

At times it falls to our lot to guide patients of real culture through the tedium of convalescence, when the spur of alertness is over for us. Recovery is a future reality, for care will bring health. Then it is that the patients begin to find themselves. Slowly but surely the threads of old endeavors are rewoven for future use. The convalescents prefer to do the talking, and this is as it should be, but when we know how to be sympathetic listeners, because *our* minds reveal similar storehouses of good things, we serve as an inspiration that will help to carry our patients over the period of a reawakening of energy associated with physical inability on into the restoration of full mental vigor.

Louie Croft Boyd.

The Calendar

OUR frontispiece is a facsimile of the cover of the 1925 Calendar prepared by the National League of Nursing Education. The beauty of this cover is in keeping with the superior artistic quality and typographic excellence of the Calendar proper. The candle is symbolic and the theme "Out of the Shadows Into the Light" conveys the exact meaning intended, for each of the twelve illustrated pages contains an historical sketch of one of our early schools of nursing. This calendar will add valuable material to the teaching equipment of instructors in the History of Nursing.

As the schools represented are the Alma Maters of thousands of nurses and the professional ancestors of as many more, this calendar should prove of unusual interest from one end of the country to the other. As usual, the proceeds of the sale will be applied to the running expenses of the League and generous orders should make possible much needed expansion of the work of the organization.

At Five O'Clock on Christmas Morning

IN many of the older hospitals it has long been a custom of the nurses to greet the patients at the dawn of Christmas by singing carols under its windows or in its corridors. The origin

of the custom seems lost in obscurity, but probably developed from the old English custom of carol singing in the streets on Christmas Eve.

Long before daybreak a remarkable change takes place in the quietly sleeping figures which were but lately tucked snugly beneath the warm covers. Warmly, but strangely clad, ready to brave a snowdrift or two, if necessary, a band of carolers is assembled in a surprisingly short time. The cheery exchange of happy Christmas greetings and the spirit of an unfamiliar venture prove irresistible, and even the "would-be-sleepy" and the "far-too-weary" of the night before find themselves following the leaders, as with suppressed laughter and hushed whispering they steal forth, presenting an irregularly moving silhouette in the semi-darkness.

A cold, clear dawn, a waning moon and fading stars, softly outline high pillars of a beautiful old building, which has, for decades, held in its mothering arms, the sick, the sad and suffering—and who are more sad than those who are sick in a hospital on Christmas day?

Here the weary cardiac lies watching for another dawn. Here tosses the tired little mother of a family who has spent the long hours of the night wondering how her children may fare without her on Christmas day. Here sleeps a chubby little boy with his arm cuddled around a toy engine, which he received a little ahead of time. He is dreaming of his first Christmas tree, due on the morrow. Here dose the drifters of the city streets to whom the day has never meant more than the possible chance of a good meal. They came from a hundred places, they will go to a hundred more, but together they face Christmas morning in a hospital.

Suddenly, out of the hushed stillness, rising joyously and happily, sweetly blending voices float forth on the clear, frosty air:

> Joy to the World, the Lord is come,
> Let Earth receive her King!

Wan faces turn as the night nurses raise the windows. The refrain floats through the wards, erasing, as with a magic touch, the looks of sorrow and suffering. "Surely," thinks the anxious mother, "the same impulse which brought tired nurses out of bed to sing carols, will prompt some one to care for my children."

> Peace on Earth and mercy mild,
> Christ and sinner reconciled.

The city stray scowls a little and clears his throat. A host of long forgotten memories stirs his heart. "What was that?" He digs down in his mind for the words. "I'll arise—" "Yes, that is it—'I'll arise and go to my Father.'"

Now coming a little faintly from a distant wing, the voices carry back across the yard—

> While shepherds watched their flocks by night.

The busy night nurse in the lonely isolation ward pauses to listen. After a long night's watching she has noted with a thankful heart, the natural, even breathing of the tiny member of her flock who had so nearly strayed beyond her care.

> Glad tidings of great joy we bring,
> To thee and all mankind.

So they go from ward to ward repeating the age-old greetings in the true

spirit of Christmas. The music reaches not only the sick and the disheartened, but all types of fellow workers, and all those faithful ones who humbly toil in the obscurer regions of an institution,—many of whom have no other home.

What of the carolers themselves as they rush to breakfast and to duty? To them it means an opportunity to do at least one of those numberless kindly things which they wish to do but lack the time; brings a pause in the usual round, for that rare joy of giving pleasure; gives time to renew the unspoken promise, "Not to be ministered unto, but to minister."

An impressive and delightful custom, influencing the hospital's entire Christmas season and helping to a large degree to create within the hospital walls the spirit of "Peace on earth, good will to men."

Fortunate is that hospital, and fortunate is that student nurse, where carolers go forth at five o'clock on Christmas Morning.

The Publications Committee of the National League of Nursing Education announces that the 1925 Calendar "Early Schools of Nursing in America" is ready for delivery. The price of the Calendar will be $1.00 per single copy, 75 cents on all orders of 50 or over delivered in one shipment. Send orders to Headquarters National League of Nursing Education, 370 Seventh Avenue, New York, N. Y.

WHO'S WHO IN THE NURSING WORLD

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DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

TEACHING OBSTETRICS TO STUDENT NURSES[1]

BY CHARLES B. REED, M.D.

IT is peculiarly agreeable to appear before this body since it furnishes me an opportunity to acknowledge in public my appreciation and admiration for those splendid professional women with whom I have been closely associated so long.

In the early days of my work, the trained nurse was rather exceptional, though unhappily the professional nurse was not so rare as seemed desirable at times. I used to hear my mother speak of such and such a neighbor as "very handy in the sick room," while such and such another was a "natural born nurse." To be truthful, the "home nursing" of that period was largely empirical and usually ignorant. Fortunately the advance has been extraordinarily rapid and it is no exaggeration to state that the patient would thrive far better under the care of a modern trained nurse than under the most assiduous attention of a doctor of that departed period. Still we, as a people, have not entirely outgrown that old conception of nursing. In the last war it was not uncommon for a young lady to respond to the call to arms in the full belief that without previous training, or at least with but very little, she could manage a large ward or assist in major operations. From her viewpoint, it was preposterous to suppose that a woman of such native intelligence as she possessed should require any great length of time to become familiar with surgical technic and hospital routine. To her it was only necessary to put on the cap, the uniform and the official panoply of the profession and behold, all the perquisites and perspicacity of nursing were hers. In some instances, the awakening was acute if not brutal. It is related that in a Southern centralization camp, the hospital executives were startled one day by the arrival from New York of a whole carload of society belles who were coming into service through Congressional influence. After a few gasps and muttered oaths the situation was properly met and the beautiful novices were assigned to the transportation of bedpans. As early as the first week, sudden illnesses developed and there were many open desertions, nevertheless a percentage remained who rose to the occasion with a fundamental grit which had never before been called upon. These girls had that basic quality of pluck without which no nurse can succeed, that innate courage which seizes on the best points of a bad job and goes through with it.

Courage is the first essential, the foundational quality of a nurse, but in addition she must have self control. Now, self control can be taught. It comes more easily perhaps to a man than to a woman whose emotional nature is finely attuned to the moving events of life but nonetheless the control must be acquired. It is the self control

[1] Read at the annual meeting of the Illinois State Association of Graduate Nurses held at Champaign, Illinois, October, 1924.

of a lady who has learned through long generations of repression to keep her tongue and her temper in check. The tongue is more often at fault. Things medical and things gruesome have a singular fascination for some people and in the irksome and slow moving days of the convalescence a limber-lipped nurse is easily enticed into relating at length and with much salacious detail, the dramatic events of the ward and the operating theater. In all conversation the region of disease should be a Vanity Fair which no conscientious nurse approaches except with her colleagues or the doctor.

To a woman with courage and tact, much has been given but more is required. So we add tenderness, not the morbid and mawkish sentimentality which haunts the courts and prisons, but a finely measured tenderness which uplifts by a coherent direction. Direction by what? By a strongly emotional nature and a clear thinking brain. The nurse must guide her tenderness with her self control and sustain it in the emergencies by her courage.

Thus the well trained nurse meets her crisis with coolness and imperturbability. She preserves her judgment in the moment of danger. She thinks, "This case certainly looks desperate, but I must use my mind coherently. One or more lives may depend upon the action of my brain." Again we say, what a valuable endowment! And yet, though she have the courage of a lioness, the divine tenderness of a mother, and the self control of a Capulet and have not science, it shall profit her nothing. Her training in science; science clear, precise, inevitable, is the necessary medium through which her mind and emotions express themselves. It is the master tool of her profession.

The subject of my talk as announced was the instruction of nurses in obstetrics, meaning no doubt the various items of the curriculum and, behold, I have just mentioned the subject. Nevertheless, the things I have said are not unimportant and the qualities I have enumerated have a positive bearing,—though not all are teachable. What is it the nurse should be taught? I will be brief, for in this presence suggestion only is necessary.

Primarily the obstetric nurse must be "dirt sentitive" in the highest degree, both personally and professionally. In this case, cleanliness is next to godliness but the cleanliness must come first lest the godliness of the patient be suddenly and undesirably acquired elsewhere.

All the operating room technic in the world will not justify a nurse in the lack of personal cleanliness, to which for the benefit of her patients she must add a complete knowledge of the prevention of communicable disease and of sanitary science. These are essential portions of her education and should be ground into the very fibre of her life. If the nurse is congenitally "dirt sensitive," she will absorb it greedily but otherwise, it seems to the writer, as if no amount of technical training will avail.

Asepsis is the basis of all success in modern surgery. The confidence with which the most daring interference or the most delicate operation is attempted depends upon the elaborate ceremonial of cleanliness which dominates every person, every maneuver and every link in the chain of its performance. Except for emphasis, it is, of course, entirely unnecessary to recall for this audience

the peculiar and paramount importance of asepsis in obstetrics. It is the weapon whereby childbed fever has been subjugated. The victory, however, has not been easily won. It has required the lapse of years and the unflinching leadership of such men as Oliver Wendell Holmes, Semmelweiss, Lord Lister, and Louis Pasteur for its accomplishment. Inadequately rewarded during their lives, these men have great claims on our gratitude, for the good that they did was not interred with their bones. It lives now in the rigorous aseptic technic which the obstetric surgeon and the obstetric nurse observe in their work. It is the ceremonial of security. It is this technic which has reduced the mortality of puerperal fever from one in ten under the old system to a negligible percentage in the new. Puerperal fever has become a wholly preventable disease and in our good hospitals, thousands of cases go through labor without a single death from this cause. It must also be admitted, though with shame, that there are many lapses in our technic, for of all the women who die in childbirth, 45 per cent. die from puerperal infection. So we give asepsis first place in the list of our essentials.

In the course of her training, the nurse will become fairly familiar with all the normal processes of pregnancy and labor, but if she specializes in obstetrics, she should also become expert in taking the heart tones and in rectal examinations. This practical experience will come to her, of course, from her close contact with her cases, but the theory she should get also in the study of her textbook.

But the normal cases, you say, will almost take care of themselves if the asepsis is good. This is true, but unhappily we can never know when an apparently normal case will suddenly become abnormal. Thus the nurse must be prepared to meet the emergencies with self control and clear precise coherent action of the brain. These are the cases in which the nurse has a high primary responsibility.

Among the crises which demand a quick judgment and a facile technic are the hemorrhages, not only in abortions but postpartum; not only of placenta previa, but of the prematurely detached placenta. Here, too, belong the cases of shock and the anemias, both acute and chronic, which follow the loss of blood. The diagnosis must be instantaneous and the treatment immediate, for the case is urgent and assistance is not always at hand. It follows, therefore, that the use of morphine, ergot, pituitrin and even the technic of tamponning the vagina should be familiar to the well qualified nurse.

Prolapse of the cord also is no respecter of time, place or circumstance and may choose to occur when the attending man is absent. It is not reasonable nor humane that a nurse who is competent to recognize such a condition should hold her hand and wait for assistance before she puts the patient into such a position as to relieve the pressure on the cord. Pulmonary embolism is another emergency in which the oxygen tank should be more quickly thought of than the adjacent telephone. The nurse or the doctor who is at all competent will think for himself in such an emergency and not waste time calling for help.

The asphyxiated child also is peculiarly the affair of the nurse, for

in such cases the mother nearly always demands the undivided attention of the doctor. It means, therefore, that the nurse must be skilled in stimulating skin reflexes with friction and with hot and cold water, while the technic of the tracheal catheter and of artificial respiration should be as unconscious in application, as familiar in execution. These practical points are generally recognized. The nurse has learned them by experience and observation. These are not all, by any means, but enough has been given to suggest the rest. The nurse must have such thorough technical and theoretical knowledge that she can meet any demand with judgment and skill. Education means growth and a profession means responsibility. Growth and responsibility invariably bring about the development of the individual and spur actively the ambition. Nursing has its own attractions as well as its temptations and it leads to wide fields of opportunity and recognition. To develop the individual nurse by means of her profession should be the aim of all training. She cannot know too much. She cannot grow too much. She must learn to think rather than to remember, and to act rather than to call assistance. It may be objected that as she grows in knowledge and skill, she encroaches to that degree upon the functions of the doctor. Very well, let the doctor broaden his own qualifications and extend them. Indeed, in these days of Shepherd-Towner laws and of constantly increasing state control of medicine as well as the growing paternalism of government, we cannot any of us afford to fail in scientific wisdom or in friendliness.

Thus far I fear I have not been very helpful and unhappily I cannot promise much to follow for we now come to the final part of our educational scheme and, by the same token, the most difficult. I approach it in humility of spirit, for it has no textbook nor has it any place in the curriculum: the development of the morale of the nurse,—and by this I mean the preservation in her mind of a confidence in the loftiness of her vocation and its high responsibilities.

A regular education should mean an ordinary system of regulation and instruction which experience has shown to be most suitable for the ordinary duties of the profession, but what if we are going into battle with a ruthless and insidious enemy! Shall we not need a larger enthusiasm and a stronger morale; should we not seek, if possible, the emotional assistance of dancing plumes, the bright glittering spear, limbs conscious of their strength, a vivid and intense interest in the enterprise and a mind warm for glory and renown? Even a temperate glow of enthusiasm will not come amiss, for it loosens the bands of convention. The nurse is bound by no covenant save duty, a severe and exacting covenant indeed but nonetheless a covenant of her own adventurous choosing.

All the qualities hitherto enumerated may be attained, in rare instances, but in giving this richness and depth of experience, undoubtedly we dull somewhat the edge of zeal. Health and appetite endow the coarsest food with savoriness while a grinding monotony of routine takes all joy from the work unless the star of hope is ascendant. The fisherman and the doctor, the society belle and the nurse, find interest

and delight in their activities but the fascination comes not from the occupation itself but only in the consecration of the actors. It is our own mental attitude, our own interest that vitalizes our occupation. No joy springs from our daily task unless we conduct that task with joy. We must endow the commonplace with poetry, the trite and obvious with comedy and even the tragic with romance. This, then, is our problem. Can we inspire the nurse with a new vision when she takes the vows of the new science, or even preserve in some way the vestiges of her youthful fervor in these days of license when all standards are destroyed?

Can we stimulate our young women (and men) with new and more thrilling watch-words, give them ideals once more that ring out like steel, quicken the soul and hurry it to the uttermost edge of infinity, there to hang breathless and athirst in the clutch of ecstatic endeavor? If we can, our problem is solved and also the problem of a sordid world which seeks everywhere the sops of happiness in a new music and a new vision.

FROM APPRENTICESHIP TO PROFESSIONAL EDUCATION[1]

By George E. Myers, Ph.D.

PERHAPS it is well to present briefly at the beginning of my address the point of view which I hope to bring to the discussion of this subject. On the one hand I shall try to avoid the point of view of the representative of a single profession though I do represent one of the noblest of the professions,—teaching. On the other hand I shall make equal effort to avoid the point of view of the advocate of liberal education, though I yield to none in true appreciation of the values of liberal education and insist that the best preparation for a profession must be rich in such values. Rather shall I endeavor to bring before you the point of view of one whose business it is to be concerned with preparation for occupations of all kinds, from that requiring an hour or so of training to that requiring years of professional study. In other words, I shall try to present the point of view of vocational education in the broadest possible sense of that term rather than that of a single profession or of liberal education. Nevertheless, I shall assume all the way along that you are relating and applying what I say to the education of nurses, and I shall call attention later to some of these applications.

My subject requires some explanation of terms. We are all familiar with the words apprenticeship and professional education. Nevertheless, we shall not all be thinking of the same things when I use these words unless, at the outset, we consider together their meanings and note their essential differences.

Apprenticeship is a method of training for an occupation, a method by which one party, already a master of the occupation, imparts to the other its knowledge and skill in return for service or labor. While it has changed in some

[1] Read at the meeting of the Instructors' Section, National League of Nursing Education, Detroit Convention, June, 1924.

respects during the many centuries of its existence, especially since the coming of the industrial revolution, apprenticeship remains essentially the same today that it was four hundred years ago. The central idea is and always has been, training in return for service. The period of apprenticeship has been reduced, paying the master for the privilege of becoming an apprentice has disappeared, or nearly so, living in the master's, or employer's, home has long since ceased to be common and the employer now feels little responsibility for the conduct of the apprentice when not at work; but the exchange of service for training remains.

Probably every method yet devised of transforming a novice or green worker into an expert worker in any field, be it trade or professional, has both advantages and disadvantages. What are the principal advantages and disadvantages of the apprenticeship method?

There are marked advantages in the fact that throughout the period of learning the learner is in constant contact with actual conditions in the occupation. He learns how things are done by seeing them done and participating in doing them. Under pressure of actual conditions he develops appreciation of the time element, of the necessity for speed as well as quality of product or service. He breathes the atmosphere of the occupation both figuratively and literally. He acquires the *esprit de corps*, the morale of the workers in the occupation by constant association with them. In some cases he discovers early, before spending a great deal of time in preparation, that he is not suited to the occupation. Then there is the advantage to the learner of being able to earn his living, or most of it, while learning. Many are able to prepare for vocations on this plan which they could not hope to enter otherwise. And finally, the public and our wealthy philanthropists are relieved of the necessity of spending money upon schools to prepare the apprentice for his occupation. The cost, or the first cost at least, is borne by the learner and his employer, a matter to which further attention will be given later.

On the other hand, apprenticeship has serious disadvantages. In the first place it is wasteful of the learner's time. He is required to do many things that do not contribute at all to his vocational preparation. Other things that do contribute he is obliged to continue doing long after their contribution has been made. Often the apprentice has to spend months at a job which he masters thoroughly in a couple of weeks. In some cases this is due to deliberate exploitation of the apprentice by his employer; in other cases it is a weakness of the system for which the individual employer is not responsible.

In the second place, in apprenticeship the subject matter of instruction seldom is well organized and arranged. Preparation for any occupation involves the acquisition of a certain body of knowledge and development of certain skills. The most effective preparation requires that this material be organized and arranged for teaching purposes. This is an educational job, not a production or service job. And those who are engaged in production or service work seldom have the training or the point of view to do it effectively.

In the third place, few of the expert workers who are charged with training

apprentices use efficient teaching methods. Teaching, like organizing the material to be taught, is an educational job. It has its own technic and methods, which are very different from those of production or service. The expert worker is called upon to teach the apprentice when he himself has never been trained for the job of teaching.

In the fourth place, even if the material of instruction is well organized and the expert workers are competent teachers the very conditions surrounding apprenticeship are such as to interfere with its effectiveness as a means of training new workers. An industrial establishment or one rendering a professional service, such as a hospital, is not primarily an educational institution. It has a very definite piece of work to do, to which the training of new workers is only incidental. When there is a conflict of interests between the two, the training function always gives way to the production or service function. The work of the day, and it is often emergency work, must be done whether or not the learner obtains the training that is due him.

Professional education, like apprenticeship, prepares men and women for definite occupations. However, the institution which provides professional education is not concerned with production or service, but solely with preparation of its students for a specific occupation. Since the business of the professional school is education, its organization, its management, its curriculum are planned with that end in view. In the best professional schools the faculty is made up chiefly of members who make their living and their reputations in teaching and research and who, therefore, become far more proficient as teachers than are those who exercise the teaching function only incidentally while making their living and their reputations in other work. The whole spirit of the institution is that of preparation for the chosen occupation.

Again, in the professional school the student devotes his entire time and attention to educational activities. He deliberately sets aside a certain number of years for this purpose, free from responsibility for productive work. His associates are in the same situation. He is thus able, in fact, he is required, to immerse himself in the processes of learning for a considerable period of time. His job for the time being is preparation for his future work, equally unhampered by the necessity of earning a living and the necessity of helping to keep a production or service organization functioning under all conditions.

Professional education requires a more extensive general education of those who pursue it than does apprenticeship. One of the best dictionaries defines a profession as an occupation that involves a liberal education. All professional schools of standing today require at least high school graduation or its equivalent for entrance, and many require two, three or four years of college work.

It has already been indicated that apprenticeship as a method of preparing for a vocation is centuries old. It is mentioned in English laws of 1588. In fact there have been, in all human history, only three really important agencies for providing vocational education—the home, apprenticeship and the vocational school, including the professional school. Originally the home was

the sole agency. Then gradually apprenticeship developed to share in the work, beginning probably with the training of the priestly class. Later, very much later, came the special school beginning also with the so-called higher occupations and gradually extending down in recent times to the trades and even to semi-skilled occupations. All the while the home has kept part of the training for certain occupations, notably that of the girl for homemaking and that of the boy for farming. In the same way apprenticeship will no doubt hold indefinitely to part of the training it has supplied so long. But the overwhelming tendency of the day is to turn over more and more responsibility to that comparatively modern institution of society whose chief business is to train for occupations, namely, the vocational school.

The fact that the so-called learned professions have made more progress in this direction than have other occupations should not cause us to lose sight of the fact that education even for law and medicine has not long been out of the apprenticeship stage. We read, to be sure, of medieval instruction in connection with medieval universities. But according to Monroe's Cyclopedia of Education each professor covered the entire field of medicine and the would-be doctor obtained his real preparation, later, through a kind of apprenticeship to a practicing physician. Even so recently as fifty years ago, many doctors obtained a large part of their professional training by the apprenticeship method, associating themselves with older men who were successful practitioners. And as recently as 1912, Dean Kirchway of the Law School of Columbia University made the statement: "It is safe to say that even today not less than two-thirds of those who apply for admission to the bar have gained their professional training wholly or mainly in law offices."

Nor is the recency of the development of education for the learned professions from the apprenticeship stage any more remarkable than is the rapidity with which other occupations now are coming into the professional education stage. Teaching, several kinds of engineering, architecture, dentistry, nursing, business, and journalism have already arrived there or are struggling to arrive. And other occupations seem sure to follow these.

In view of the interest your organization has in this really momentous movement from apprenticeship to professional education it seems fitting that we should consider what is involved in changing from the one method of occupational preparation to the other.

(1) This change means more comprehensive and thorough training and higher standards of instruction. It is obvious that these can be developed and maintained much more easily in an institution whose business is education, with a faculty whose business is teaching and research, and with a student body whose business for the time being is learning, than in an institution where the educational function is only incidental. In this connection it is noteworthy that professional schools have steadily improved their standards of work year by year and the process still goes on.

(2) The change means a more highly selected body of students. Many will enter upon a course of preparation

which will cost them little if anything beyond their earnings who would not or could not consider spending the money necessary for a two, a three or four year course of training with no earnings while pursuing the course. On this account, as well as for other reasons, professional education draws its students from a higher level of society economically than does apprenticeship. And it is generally recognized that there is a high correlation between economic levels of society and ability levels. This does not mean that individuals of high ability have not obtained and are not now obtaining occupational preparation by apprenticeship methods, nor that other individuals of high ability are debarred from obtaining preparation for a given occupation when the method of preparation for that occupation changes to the professional education plan. It means merely that the general level of those preparing is raised. The students are drawn to a greater extent from families that can afford a longer period of training for their children or are willing to make heavier sacrifices in order to prolong this period. They include, also, more individuals who themselves are willing to make such sacrifices. The fact that more extensive general education is required for entering upon professional education contributes also to making its students a more highly selected group.

(3) What has just been said suggests another thing that should be involved in changing occupational preparation from apprenticeship to professional education, namely, provision of numerous scholarships and a student loan fund to aid the capable, ambitious and worthy student who could not otherwise meet the added cost of preparation. This would save to the occupation the best of those who would like to enter it but think they cannot afford to do so.

(4) This change involves a real danger that the learner will be deprived of contact with actual conditions in the occupation, which is so immensely valuable in apprenticeship. The tendency of professional education in the past has been to stress theory at the expense of its applications, to become bookish, to assume that if the student were properly loaded with knowledge he would be able to use it effectively when the proper time came in the course of his practice later in life. Fortunately this is not inherent in the professional education method of preparing for an occupation. It can be avoided. Fortunately, also, this tendency has changed in recent years. At the present time, professional schools generally are stressing observation and practice along with theory. Our medical schools have their clinics and interneships, our dental schools have their clinics, our law schools have their moot courts, our schools of education their observation and practice teaching. But these, valuable as they are, often lack the atmosphere and the setting of the real work of the profession. The leaders in any occupation that is developing from the apprenticeship to the professional education method of training need to guard carefully against the loss of this important element, contact with the actual work of the occupation.

(5) There is the further danger, closely related to the one just discussed, that the theoretical instruction will gradually lose its professional character and become academic. For example, it

is entirely possible for a professor of anatomy in a medical school to become so absorbed in anatomy as a science that he does not properly emphasize the particular aspects of anatomy that his student will need most. The remedy seems to be a careful analysis from time to time of the actual work performed by those engaged in the practice of the profession with a view to determine just what things should receive attention and what should be eliminated, or given less emphasis.

(6) Again, some provision must be made for doing the work which has been done by the apprentices. For example, when the education of nurses becomes truly professional education, much of the work they now perform while in training must be cared for in some other way. Part of it no doubt will have to be done by graduate nurses and part by hospital helpers. But how it is done does not concern us here. The point is that when the professional education aim dominates the training of nurses they cannot be expected to perform hospital work which does not contribute to their preparation for nursing.

(7) Again, there is, temporarily at least, heavy additional cost involved in changing from apprenticeship to professional education methods of preparation for an occupation. Buildings, laboratories, scientific equipment, a trained and full-time teaching staff, administration, providing paid labor in place of much apprentice labor all requires a direct outlay of money. This has long been an important factor in delaying development of professional education along various lines. It is now a distressingly disturbing factor in connection with nursing education. Not only is professional education expensive, but it is becoming more so as professional knowledge increases and scientific equipment becomes more elaborate. The cost of medical education in this country today is enormous in comparison with what it was when our grandfathers obtained most of their preparation in the offices of older physicians. Any occupation that aspires to the professional level must face the problem of heavy additional cost of preparation.

(8) More important than the increased cost is the shift of the financial burden of occupational preparation. We have seen how the first cost of apprenticeship is borne by the apprentice and his employer. The apprentice receives small wages during his learning period. The employer spends part of his valuable time, or that of his expert workers, in teaching the appentice and pays in other ways which we have not time to consider here. To be sure, the employer passes on to the public his share of the cost in the selling price of his product, but he bears it temporarily. When apprenticeship gives way to vocational education, be it trade or professional, the burden of cost of occupational preparation, or most of it, rolls off the shoulders of the employer. It must be provided for in some other way. There are three other ways in which it may be provided. The learner may be required to pay all or part in the form of tuition fees and in the cost of living while in training. Wealthy philanthropists may provide part of the cost by endowing educational institutions. Society may assume a share of the burden by providing publicly supported vocational schools. In recent years public responsibility for this burden has become

increasingly clear and large appropriations of public funds are made each year for vocational education, including professional education. The learner may be expected to maintain himself and pay a small part of instruction costs. Private philanthropy may be expected to provide here and there generous endowments for professional education, as it has done in the past. But the real burden of financial support for adequate professional education will rest more and more upon the public. Since the public pays in the long run, however this type of education may be provided, it is desirable that public educational institutions should assume the major part of the first cost and at the same time assume responsibility for seeing that the job is well done. And there is just as much reason why nursing education should be properly financed with public funds in State Universities as there is why our State Universities should maintain schools of medicine, law, dentistry, engineering, education and business.

(9) Finally, development from apprenticeship to professional education in preparation for any occupation should involve recognition of the fact that there is a great deal of work of semi-professional grade to be done and a great many people interested in preparing for the profession who cannot hope to rise to the professional level. The work of oral hygienist in relation to dentistry is an illustration. Definite provision should be made to meet the need for semi-professional workers. It is unwise to ignore this need and equally unwise to assume that the weaker members of the profession will meet the need by finding their level in semi-professional work.

I have compared two methods of preparing for an occupation,—apprenticeship and professional education,—and have tried to show that in the case of all professions the latter method has grown out of the former. Then I have listed and discussed briefly nine things that are involved in changing from the former method to the latter, touching occasionally upon the relations of the points made to nursing education. I have not attempted to solve problems but to raise them, and to call attention to their significance. Nor are these problems new to leaders in nursing education; they are only presented from a different angle. Their solution rests with you. That they will be solved successfully I have no doubt after reading that truly remarkable document, the Report of the Committee for the Study of Nursing Education.

ON THE WAY TO HEALTH

"Sometimes we get the feeling that the world is not on the down-grade, after all, but on the up; on the way not to destruction, but to health. This is one of those times. Here wise physicians tell us that, just as tuberculosis has, in the last quarter century, been brought under almost complete social control, so may heart disease be brought under intelligent control in the not distant future; at least, in the cases of all individuals who have the mind and the courage to face the issues in the problem. Science may not be the ultimate hope of civilization, but it is certainly one of the intermediate hopes, the instrument by means of which whatever hopes we may have will be largely realized."—From the *Survey-Graphic* for November, a heart issue of interest to every nurse.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Nursing Service, American Red Cross

A CHRISTMAS MESSAGE

CHRISTMASTIDE and Yuletide see those invisible ties that link together American Red Cross nurses at home and across the seas more magnetic than at any other time. Our comradeship in service means something fine and vital. Everywhere brotherhood and kinship at least once every year are really close for that perenially sweet message, peace on earth and good will, is one that does reunite scattered families in thought if not in act. And good will is never greater anywhere than among this huge family of 41,000, which has increased by a thousand members since this time last year. Wherever its members are, whether in the mother country or in Europe, in Asia or in Africa, in the East Indies or the West Indies, Christmas morning will convey to them from the Red Cross Nursing Service at Washington the time-honored wish for a happy Christmastide and at Yuletide, a glad New Year. May it really be so for everyone.

To all those who have served so well in Division and Chapter Offices, as public health nurses, as instructors in Home Hygiene, on State and Local Committees of Red Cross Nursing Service, in posts in foreign countries and for temporary work in connection with disasters of all natures, is also sent a message of gratitude and appreciation. To continue the noble tradition of the Red Cross Nursing Service means very much to us all.

NAVY HOSPITALS NEED NURSES

Christmas is the time when we think of helping and cheering other people. Wherever we turn there is so much need for this and no one can help and cheer more than can nurses. At the moment there is a tremendous demand for them and on them from all sources. The ex-service nurse and ex-service man in particular who are inmates of hospitals are especially brought to mind at Christmastime. Owing to the new legislation which permits any ex-service man, nurse or other eligible woman to receive treatment in Government hospitals, provided they hold an honorable discharge from the Army and Navy and regardless of the fact whether disability was connected with World War service or not, Navy hopitals especially want more nurses—there are so many additional patients to be cared for.

Just one list from the Veterans' Bureau will give an idea of the manner in which patients have been augmented. One hundred and ninety-five Army nurses and eighteen Navy nurses are receiving treatment and 1,243 Army nurses and fifty-one Navy nurses are receiving compensation. This being the case with just one section, it can easily be gathered how large an increase there must be in the number of patients in the Navy hospitals where the especial need is today.

Once more your country's Government calls for your services. It is being stressed because nurses all over the

world will want to know when and where the need exists. When the call is urgent, imperative, patriotic, nurses have always responded. Here is one as urgent, as imperative, as patriotic, as any. No nurse, whether in the Red Cross ranks or outside, would want to see these groups without adequate nursing care. It is like the demand in stress of war, for though not all these cases are an aftermath of the World War many of them are a direct result. Government hospitals such as those of the Veterans' Bureau will also require more nurses because of the new legislation, but today we want all nurses to think in terms of the needs of the Navy. Later, we may make a special appeal for nurses for other Government services.

Applicants will be considered on either a temporary or a more permanent basis and detailed information on this point as well as on salaries, etc., may be obtained from Beatrice Bowman, Superintendent of Navy Nurse Corps, Care Navy Department, Washington, D. C. Red Cross nurses who would like their names sent to the Navy Department as available for service can communicate with either the Division Offices or direct with National Headquarters.

Annual Convention

Seventy-two nurses attended the Annual Convention of the American Red Cross at Washington, October 6 to 9, this year. They came as delegates and guests, fifty-nine of them Red Cross nurses representing fifteen eastern, southern and middle western States. It was interesting to note the presence of one of the earliest enrolled nurses, Linna H. Denny, Birmingham, Ala., who is No. 46 on a list which has since reached 41,000. Alice Fitzgerald, not long returned from her world tour after two years' investigation of nursing resources in the Philippines, in Siam and elsewhere on behalf of the Rockefeller Foundation, was one of the principal speakers at the opening night session, when the general topic was The Foreign and Pan-American Service of the American National Red Cross.

Another outstanding guest was Miss R. E. Darbyshire, Superintendent of Nurses of the University College Hospital School of Nursing, London, and Principal Matron of the Territorial Association Nursing Service, England, who is visiting America, studying the latest methods of nursing in connection with the Rockefeller Foundation donation to the training school of which she is head. It is an interesting fact, by the way, that Sister Helen, who organized the first School of Nursing in this country at Bellevue, came from the University College Hospital, London. At Miss Noyes' invitation Miss Darbyshire was present at the Convention Reception on October 7, when the members of the distinguished receiving line included the wives of most of the Cabinet Officers.

Wednesday night was given to a performance under the auspices of the American Red Cross Education Committees of a delightful, colorful pageant, The Gifts We Bring, by Louise Franklin Bache. Episodes symbolizing the spirit of service, which is the gift the Red Cross tenders to education, included the two contributions nursing makes in the school and in the home.

Dr. Esther Lovejoy, Chairman of the

Executive Board of the American Women's Hospitals, made an interesting address at the closing night session, when thanking the American Red Cross for the assistance rendered the American Women's Hospitals in the Near East. She particularly emphasized the valuable service Red Cross nurses working with the organization, had rendered this program.

There were the usual speeches by heads of services and stimulating round table conferences.

It was decided by popular vote at the business meeting on October 9 that the middle west should have the 1925 Convention, next October. St. Louis, Mo., was named as the place of meeting after a most animated discussion. The definite date has now finally been arranged, October 12 to 15 inclusive.

Nursing History

Apparently, many individual nurses are unaware of the publication of the History of American Red Cross Nursing, that most moving of histories compiled from thousands of actual records of Red Cross nurses and entailing such monumental labor. Because of its value to hospital training schools, to libraries, to alumnae associations, to all kinds of institutions where reference works are necessary, it has been the subject of much complimentary comment and we believe that every ex-service nurse would be particularly interested and would want to possess a copy of this history, in which possibly she herself figures. We are therefore calling attention to its existence and urging nurses in general and Red Cross nurses in particular to secure a copy of the book and to assist in bringing it to the attention of the groups indicated above. Its price is $5. The Macmillan Company are the publishers, and it may be ordered through *The Journal*.

Those who worked so hard to make its issue possible were Lavinia L. Dock, former Secretary, International Council of Nurses; Sarah Elizabeth Pickett, former Assistant to the Director, American Red Cross Nursing Service; Clara D. Noyes, former General Superintendent of Training Schools, Bellevue and Allied Hospitals, New York, National Director American Red Cross Nursing Service; Fannie F. Clements, former Superintendent American Red Cross Town and Country Nursing Service; Elizabeth G. Fox, President National Organization for Public Health Nursing, Director American Red Cross Public Health Nursing Service, and Anna R. Van Meter, former Professor of Home Economics, Ohio State University, former Assistant Director American Red Cross Nutrition Service.

Enrollment Annulled

Once again a list is issued giving the names of nurses whose Red Cross enrollment has been annulled for various reasons, after due investigation and consideration of the facts in the individual cases. Nurses whose enrollment is annulled are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters, as they always remain the property of the Red Cross:

Mary Elizabeth Alexander, Katherine Dorothy Barry, Lillian A. Brown, Mrs. R. R. Browning (*nee* Minnye Inez Perkins), Mrs. Caroline M. Cohen (*nee* Carlsted), Mrs. Henrietta Cook (*nee Gast*), Mrs. Antje Cooley (*nee* DeBoer), Catherine H. Crowley, Edith Maye Franz, Mrs. Robert Garvin (*nee* Helen

Madaline Cooke), Agnes Hamilton Harrison, Minnie T. Hinkle, Alice Lillian Hoben, Bessie Holmm, Fern Lucille Hub, Mrs. M. R. Johnson (*nee* Oma Jewell Matthews), Mary Elizabeth Laws, Florence Carey McCabe, Elva D. McCandliss, Mildred McCarthy, Frances Marie McCauley, Mrs. E. G. McClellan (nee Marian G. Brenner), Helen McCrory, Margaret McDonald, Mrs. Gladys Hawley McLeod (*nee* Fader), Mary I. McNamara, Ella McQuade, Eleanor V. McVey, Mary Geneva MacDonald, Marcella MacDonell, Susan MacDorman and Gertrude MacIntosh.

ITEMS

Alice Fitzgerald, former Director of Nursing Service, American Red Cross Commission to Europe and then Director of Nursing, League of Red Cross Societies, until recently on the staff of the Rockefeller Foundation, is returning to Paris as Adviser on Nursing Education to the League of Red Cross Societies. Following her study of nursing resources in the Philippines and elsewhere in Asia on behalf of the Rockefeller Foundation, she came back to this country after two years on this world tour. The daughter of an American scholar resident in Florence, Italy, Miss Fitzgerald is fluent in four languages, her own, Italian, French and German; she knows Europe thoroughly, having done splendid work there from 1916 to 1922. She has been associated with the American Red Cross since 1913 and before that, in addition to other appointments, held that of head nurse of the operating room system in Bellevue under Miss Noyes, then General Superintendent of the Nursing School at Bellevue and Allied Hospitals. Miss Fitzgerald is a graduate of Johns Hopkins.

Mrs. Charlotte M. Heilman, Director of Nursing Activities, Dominican Chapter, since January this year, has just returned to this country, the Chapter having been closed on the withdrawal of the American Occupation of the Dominican Republic. For nearly seven years Mrs. Heilman, who is a graduate of Johns Hopkins, has been associated with the American Red Cross. Before taking over in December, 1920, the Directorship of Nursing, Athens, Greece, where she further developed a most successful child welfare program, she was on active service in Italy and Serbia. She was loaned by the American Red Cross for service in the field hospital with the American Army in Italy. At one time she was resident in South America and speaks Spanish as well as Italian, French and Greek.

In connection with the Defense Day Test which was reported in the *Journal* last month, 1,540 application blanks were sent out and as a result, 150 nurses have already enrolled as Red Cross nurses.

IN GUATEMALA

The Hospital Americano in Guatemala City has a problem before it in its Nurses' Training Class, for it is a question of educating the young women in both home training and in training them as nurses. But as they learn the right way, they take on a professional air that does the Hospital great credit. (The Hospital has only 25 beds, but last year it cared for 288 in- and 4000 out-patients).

Guatemala is 5000 feet above sea-level. For generations these people have never moved fast. These girls cannot accomplish the tasks of the American girl at home, as the rarified air of the extreme altitude makes heavy and continued work impossible. They have practically the same studies as those at home and Bible classes.

Mrs. B. M. Nurminger, R.N., Presbyterian Board of Missions.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

CHRISTMAS

WHEN we planned to discuss Christmas and Visiting Nurse Associations, letters were sent to eight organizations, to see how it was celebrated. Perhaps it was only a coincidence that all of the Associations but one were in Community Chests and with few exceptions, special families were cared for by Chest Committees or there were no special families, other than a few chronic patients.

One organization had a Christmas Cheer fund, part of which came from the Community Chest and part from special gifts, and it was used to buy presents which the nurses knew were wanted by the patients and which they had little opportunity to get. One Association remembered special shut-ins with plants.

Practically all "cleared" their families whom they helped or whose names they gave out, in order that there might be enough Christmas to go around.

Perhaps it is a tradition in the Chicago Visiting Nurse Association that Christmas is the happiest season of the year for the patients and both happiest and busiest for the nurses. Early in November the nurses begin to plan lists of families for dinners and special patients for toys and other gifts.

For several years the Social Service Exchange has maintained a special Christmas Registration Division through which nearly every large agency clears the names and addresses of its families. This is a case of first come, first served, and visiting nurses who are particularly anxious to take care of their own families can do so by clearing early. Then if other agencies (like the United Charities or the Juvenile Court) send in a card for a family already taken by the V. N. A., they are told that the family is provided for.

Christmas is made a happy season. Some warm clothing is given and in addition to the Christmas dinners, the baskets contain substantial hold-overs and for years we have tried to plan gifts that the patients would get in no other way.

Last year a tiny little woman, so tied up by arthritis deformans that only the constant devotion of her husband keeps her alive, received the wish of her life—a blue silk dress. As it had to be decently high in the neck and properly long in the sleeves, one of the Directors spent several days going from store to store to find such a dress in a misses' size. It was taken to the patient with a holly wreath and a couple of pink roses and after contemplating it joyfully, she announced that it was pretty enough to be buried in and that she would keep it for that particular purpose. Finally she was persuaded to put it on for festivals and Sundays and it has not been used yet as a shroud, although it is in perfectly good condition.

Children who have had long illnesses or painful dressings, get toys of which they have never dreamed. Cardiac youngsters receive gifts that make bed less tiring and for our hundreds of Infantile Paralysis and other crippled children, two huge Christmas parties make the season one long remembered from year to year.

We begin to plan for the Christmas parties two minutes after the last taxicab has rolled away from the second one, for each year we get new ideas of how we can do the party more expeditiously and give the children just as good a time. They are held in the assembly halls of two of our large free public park field-houses, one on the South Side and one on the Northwest. School children are taken by busses from the public schools; the others come in yellow taxicabs and nearly all of them are sent home in taxis. Routing the taxis to and from the parties, packing mothers and children in nicely and yet painlessly, has become an art. A few of the children come with their parents on the street cars. Some of the children come with adults in taxis and their mothers come on the cars and meet them at the park, but we try to make the transportation just as easy for the youngsters as we can, for the party is a reward for good behavior for twelve long, weary months and we make it a reward that is well worth trying for.

Each child receives a gift. For several years the six hundred or more gifts have been toys or books or other articles which any little child would have loved. Members of the Committee and nurses who know the children, meet on the morning of the party at the field house, wrap the toys in tissue paper and label them, and then they are grouped about the foot of the tree or on tables, by districts. The tree is usually provided by the field house, the trimmings by the Committee, and everybody works—all of the park employes, as well as the nurses whose children are going to attend the party.

In the afternoon the taxicab drivers carry the youngsters back and forth as if they belonged—in fact, they have done it for five or six years now and quite look forward to the event. The Auxiliary furnishes the ice cream and cake and the members of the Auxiliary and of the Junior League, as well as of the Committee, help serve the children, who are invited for two o'clock but who are usually waiting eagerly by one-thirty.

We welcome the coming and speed the parting guests and usually both parties are over and the children on their way home by four o'clock. Naturally this amount of Christmas work leaves directors and nurses a little bit stiff and weary for their own Christmas Eves but the proof of the pudding is in the eating and every year nurses who have never seen such a Christmas before, comment on the fact that they are convinced that Christmas is the happiest of seasons and their Association the best place in which to have a Christmas.

In addition to special gifts by the hundreds for the patients, every one else in the Association is remembered, the office staff and the nursing staff. The nurses usually get books, which a stern Nemesis insists shall be something that they ought to want to own. Cabot's Social Service and the Art of Healing and What Men Live By, Gardner's Public Health Nursing, Brainard's History of Public Health Nursing, Addams' Twenty Years at Hull House, Wald's House on Henry Street, and the Edith Cavell edition of the Imitation of Christ, head the list of titles, which grows longer every year, for of course the students are included.

One hears a great deal about duplication of effort at Christmas time but

people who have had happy Christmases in district work are far more distressed over those who are not remembered and whose Good Fellows fail, than they are over the few who get too many baskets. All normal people get too much of one thing at Christmas time, but no system seems to prevent a few families being overlooked.

Long Ago Christmases

Two Christmases that stand out vividly in the memory of a public health nurse were both spent in Boston. One was at the Children's Hospital, when from the trimming of the wards on Christmas Eve to the triumphal procession led by the cook and a brandy-burning pudding around the gift-decked table, the day was filled to overflowing with joy for everyone. Only in dreams have we seen so many dolls to every little girl, pillow-cases stuffed with teddy-bears of the finest quality, stockings bursting with gifts large and small and for every child in the house, down to the tiny babies in the East Wing, of many lonely memories. Sister Amy made the first Christmas of every nurse at the Hospital a red-letter day for all time.

The following year, a committee of volunteers took special lists prepared by the City Tuberculosis Nurses and bought presents for all sorts and conditions of patients. One nice old Irish grandmother received a black serge skirt which she had wanted for years but which she had never hoped to obtain, for her widowed daughter had a sufficiently difficult struggle to care for her mother and four little children without buying "going to church" skirts.

On Christmas Eve, some jolly volunteers (including a young physician from Holland who had come over to study American methods of combating tuberculosis), trimmed a tree in a home where there were four children, all registered at the Tuberculosis Clinic, and the longshoreman tuberculous father and the little worried, cardiac mother did their best to conceal their own childlike joy in the tree by describing Christmas as they both remembered it in their Newfoundland home.

That was a glorious Christmas Eve. The moon was full and the ground covered with crunching snow and both volunteers and nurses forgot that they had been working steadily until almost midnight as they trailed after the carol-singing Waits and counted the Christ-Child candles on Beacon Hill.

Perhaps it is this mixed inheritance that has made Christmas a season for open rejoicing in other hospital and public health nursing groups, for Christmas giving can hardly be said to hurt the recipient and when it is planned for in the really Christmas spirit, it blesses him who gives far more than him who takes.

"Moralists say a great deal about pain treading so very closely on the heels of pleasure in this life, but they are not always wise or grateful enough to speak of the pleasure which springs out of pain."

—*Juliana Horatia Ewing.*

STUDENT NURSES' PAGE

OUR CHRISTMAS

By Alta Jane Harper

Pasadena Hospital, Pasadena, California

THE clear azure of the sky, that night, deepened to a depth of blue indescribable in its almost transparent yet unfathomable beauty. The stars came out like tiny pilot lamps in the blue expanse twinkling joyously because they were permitted to shower down tiny streams of light like unto those shed abroad by the greater "Star of the East." Among them, this time in the west, was a Master Star—a flaming scintillating, incandescent thing of beauty. It was as if it had suddenly burst through the vast blue canopy because its burning glory could not be concealed. From it darted red and blue points of fire—as arrows which sank deep into the hearts of men and created within them that intangible yet real something known as the "Christmas Spirit."

It may have been the starlight that night; it may have been that somewhere Pedro's little brother had placed a silver coin upon the altar, for through the clear, crisp air, strong and pure came the silvery music of chimes to gladden the hearts of all who were in accord with the Christmas Spirit. It came to the ears of those who were toiling on in the work of the world, imparting to them a gladness in service; it wafted in through the Hospital windows to those who were tossing upon

beds of pain, and with it came peace and cheer which transcended the suffering they bore.

Cool, clear star-light and sweet chiming bells—thus came the Eve that should usher in Christmas Day; but this Eve could not be allowed to pass without an expression of the gladness of the day to come, and each one sought to work out in practice that which was in the heart.

All afternoon, student nurses in blue watched the mysterious movements of their faculty and supervisors, but not one was able to tell what was taking place in the Nurses' Residence behind the living room door. Now and then there was a mystifying, shifting sound, a little laughter, and the appearance of some one with queer parcels in her hand who only disappeared with an air of secrecy behind the door.

It was eight o'clock that evening before those same blue and white clad nurses, consumed with curiosity, were permitted to peep at the splendor within. When the hour at last arrived they stood quite speechless. Certainly they had expected a Christmas tree resplendent with candles and loaded with ornaments and gifts, and there it stood quite burdened with parcels and beautiful in its glowing attire, but that was not all.

Was it a happy dream from which they would suddenly awake, or had they stepped on the magic carpet and been transported to Fairyland? Here before them was a living room so completely changed in its character as to be entirely unrecognizable. When the new, soft, grey velour furniture and rugs had entered that afternoon, the old brown furniture realized that its dethronement was near, and without protest it had quietly retired to the basement. The brown portiere had given place to one of a rich glowing color which added a warmth to the room unrivaled even by the crackling fire in the open grate, although the grate itself was dignified by the presence of bright new brass andirons and screen. Soft draperies on the windows completed the picture.

When old Santa arrived that night, somewhat delayed, he found that his choicest contribution had preceded him. This fact seemed to increase his high spirits, however, and he dispensed other gifts most generously and added his jolly remarks to the happiness of the hour. And thanks to his careful planning, not one had failed to receive a gift from his own hand.

When the gathering was over the firelight flamed on in blue and red tints, in harmony with the great star out there in the sea of blue, which had cast its glowing message into the hearts of all to burst forth for others on Christmas Day.

At an early hour the patients were awakened by the appearance of a long procession of nurses with candles and song books singing Christmas carols, and they welcomed it with joy. The wards were made cheerful with ornamented trees, flowers and gifts. Special attention was given to the Christmas dinner and everything possible was done to help the patients forget that they were far from home. Churches and friends contributed to their cheer and it can safely be said that the "Merry Christmas" which was upon their lips was also deep in their hearts.

That afternoon at the Nurses' Residence another event of note was taking place. The living room had become

the center of a delightful tea in honor of a distinguished guest, Mary M. Roberts. The candle-lighted room, the warm glowing fire, the happy guests and nurses seated about the room, the long white table with its bright silver, its orange candles, its delicate flowers made the home scene complete.

Christmas evening the long lane of fir trees down Santa Rosa street in Pasadena was aflame with many tinted lights. People came from afar to behold its magnificent splendor. Had they paused for a moment to look overhead, they would have seen the Master Star still burning on, shooting its blue-red darts deep into the hearts of men.

OUR CONTRIBUTORS

Kenneth L. Burden, Sc.M., Ph.D., is Instructor of Bacteriology in the Washington University School of Medicine, St. Louis, Mo.

Lucia Freeman, R.N., graduated from Trinity Hospital Training School, Milwaukee, Wisconsin, and had considerable private duty experience to her credit before she went to France with Base Hospital 22. Since that time she has done public health nursing in New York City, in Alabama, and has spent three fruitful years in rural nursing in North Carolina for the American Red Cross.

Louise Gliem, R.N., B.S., returned to her Alma Mater last year to establish the school of nursing of which she is Dean, in Battle Creek College. Miss Gliem secured her degree at Teachers College and has been assistant superintendent and acting superintendent of the school of nursing at the University of Michigan Hospital.

Fairy Settle, R.N., found the plaster bucket lining she describes of real use in her operating-room work at the Hospital for Crippled Children, Atlanta, Georgia. Miss Settle is a graduate of Johns Hopkins Hospital. She has had some private duty nursing experience and she is now a student in public health nursing at Peabody College, Nashville, Tennessee.

Susan C. Francis, R.N. (See "Our Contributors" for April, 1924).

Elizabeth Stewart Knight has been a member of the "Tenth Twig" since 1910. She was a volunteer aid in the Rochester General Hospital orthopedic clinic for several years and only gave up the work to go to France with the Y. M. C. A. Upon her return she became a volunteer charter member of the Public Health Nursing Association and has continued as a part-time worker for that organization since 1919.

When **Rosemary T. Kobes, R.N.,** graduated from the University of California Hospital more than a year ago, she entered the field of private duty nursing, believing it will provide a good background for the public health nursing she hopes later to do. The quality of her article is evidence of the quality of her work at the bedside.

Catherine Jones, R.N., is a graduate of the Seattle General Hospital where she has held several responsible positions. She is now Instructor in the School of Nursing.

Charles B. Reed, M.D. is chief obstetrician for Wesley Memorial Hospital, Chicago.

George E. Myers, Ph.D. is Professor of Vovational Education, University of Michigan, Ann Arbor.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

EDITH CAVELL'S LAST RESTING PLACE

DEAR EDITOR: It is true, as stated in "Dawn," by Virginia L. Montgomery in the October *Journal* that Edith Cavell was buried in the hills beyond the place of her execution in Belgium, but on May 5, 1919, the body was taken to her birthplace, Norwich, England, and now lies just outside the Cathedral walls.

New York — A. M. C.

A RETURN INTO SERVICE

DEAR EDITOR: A call for the doctor at a tuberculosis sanitarium in Mississippi, "We need a nurse here to care for an ex-soldier. The mother stays with her son during the day. Will you care for him at night?" I found my patient in a little bungalow about 12x12. It was autumn and the leaves had fallen from the rambler rose bush at the side of the bungalow and the season's coolness was in the air. At 9 p. m. the light was dimmed so that the patient might sleep. At eleven it seemed necessary to connect the electric heater, as the night air was chilling rapidly, but the patient requested that the heater be turned off because he was too warm. Knowing that the patient was burning with fever, I disconnected the heater and my thoughts turned to the opera, *La Boheme*, which I had witnessed when our Association had a theater party. Why not use the thoughts of the opera to cheer my patient? We remember Marcel, about to break up a chair for firewood when Rudolph prevents him and kindles a fire with his manuscript crying, "My drama shall warm us." When it came time for my midnight lunch, it was the supper at Christmas Eve suggested by Schannard. My patient was Mimi, but alas he had no desire for a muff. Each night at seven I entered his bungalow with some little surprise which pleased him for a time. The play was kept up for twenty-three nights, and then early one morning I left the sanitarium with the flag over the bungalow flying at half mast. Will the next call need an opera to carry one through, or will it be a drama by itself?

Ohio — E. W. W.

JOURNALS ON HAND

Leona A. Lanigan, 3927 West Pine Boulevard, St. Louis, has copies of the *Journal* from December, 1923, to the present time which she will be glad to give away if postage is furnished.

Anna M. Peters, 608 Chestnut Street, Philadelphia, has complete files of the *Journal* for 1922 and 1923 which she will give if postage is furnished.

Georgia R. Cromwell, R. D. 40, Darien, Conn., has copies of the *Journal* from October, 1922, which she will give for postage.

C. May Hollister, 125 West 126th Street, New York, will send any or all of the following numbers if postage is furnished: 1921,—July, October through December; 1922,—complete, except the June number.

Minnie Schultz, University Hospital, Iowa City, Iowa, will sell the following numbers for ten cents a copy; 1915,—February, May, June; 1916,—complete; 1917,—January through April, and August; 1918, February; 1920, September; 1921,—March, June, September, October; 1922,—January, February, April, May, July through September, December; 1923,—January through September; 1924,—March through July.

JOURNALS DESIRED

Minnie Schultz, University Hospital, Iowa City, Iowa, wishes to know where she can obtain copies of the *Journal* for 1900 and 1901.

NURSING NEWS AND ANNOUNCEMENTS

THE AMERICAN NURSES' ASSOCIATION

State Associations are reminded that dues of 50c per capita should be paid not later than January 31, 1925. It is suggested that checks be made out according to the form following:

No.....

(City).....(Date).....

(Name of bank).....

Pay to the order of The American Nurses' Association, $.....

.....Dollars

for dues for year 1925.

.....

Treasurer.

Name of Association.....

This check should be sent to the Headquarters office, American Nurses' Association, 370 Seventh Avenue, New York, with a letter of transmittal stating from which association it is being sent.

AGNES G. DEANS,
Secretary.

NURSES' RELIEF FUND

REPORT FOR OCTOBER, 1924

Balance on hand, September 30, 1924	$12,219.40
Interest on bonds	340.00
Receipts	
Georgia: District 2	56.00
Illinois: Anonymous	10.00
Indiana: Indiana University Alumnae Assn., $39; Deaconess Hosp. Alumnae Assn., $74; St. Vincent's Alumnae Assn., $111; Indianapolis City Hospital Alumnae Assn., $94; Joseph Eastman Hospital Alumnae Assn., $20; Reid Memorial Hosp. Alumnae Assn., $13; St. Joseph's Hosp. Alumnae Assn., Ft. Wayne, $12; Huntington County Hosp. Alumnae Assn., $17; Bloomington Hosp. Alumnae Assn., $7; Muncie Hosp. Alumnae Assn., $11; Methodist Hosp. Alumnae Assn., $125; Fletcher Sanitarium Alumnae Assn., $25; two individual members, $10; seven individual members, $7; collection, $48	613.00
Iowa: Dist. 1, $80; Dist. 4, $9.50; Dist. 5, $45.50; individual member, $1	136.00
Kentucky: State Nurses' Association	100.00
Maryland: Hebrew Hosp. Alumnae Assn., Baltimore, $87; University of Maryland, Baltimore, $82.50	169.50
Michigan: Individual member	5.00
Missouri: Kansas City General Hosp. Alumnae Assn.	109.00
Nebraska: Dist. 2, $101; Dist. 3, $90.50	191.50
New Hampshire: Morrison Hosp. Alumnae Assn., $10; Franklin Hosp. Alumnae Assn., $7.50; individual members, $4.50	22.00
New Jersey: Dist. 1, $7; Dist. 2, $100	107.00
New York: Dist 3, $10; Dist. 4, $29.50; Dist. 5, $52; Dist. 7, $133; Dist 9, $100; Dist. 13, $125	710.50
North Carolina: District 3	50.00
Oklahoma: El Reno Sanitarium	

Alumnae Assn., $11; Enid, $8; State Association, $61	80.00
Tennessee: Nashville District Nurses' Assn.	45.00
Wisconsin: Districts 4 and 5	100.00
Checks returned,—Beneficiary deceased	30.00
Check returned,—Beneficiary recovered	15.00
Total receipts	$15,108.90

Disbursements

Paid to fifty-two applicants	$775.00	
Postage	10.00	
Exchange on checks	.50	
Total disbursements		785.50
Balance on hand, October 31, 1924		$14,323.40
Invested funds		81,566.14
		$95,889.54

All contributions for the Relief Fund should be payable to Nurses' Relief Fund and sent to the State Chairman; she in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters office of the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For application blanks for beneficiaries and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

THE ISABEL HAMPTON ROBB MEMORIAL FUND

REPORT TO NOVEMBER 10, 1924

Previously acknowledged	$28,921.84
Indiana: State Nurses' Assn.	25.00
Missouri: State Nurses' Assn., $25; First District Assn., $5	30.00
New Jersey: State Nurses' Assn.	50.00
New York: St. Joseph's Alumnae, Syracuse, $10; Troy Hospital Alumnae, Troy, $10	20.00
North Dakota: State Nurses' Assn.	15.00
Total	$29,061.84

MARY M. RIDDLE, *Treasurer*.

Scholarships are granted from this fund, on a competitive basis, once a year in the spring. Application blanks may be obtained from the Secretary, Katharine DeWitt, 19 West Main Street, Rochester, N. Y.

THE McISAAC LOAN FUND

REPORT TO NOVEMBER 10, 1924

Balance, October 1, 1924	$58.84
Indiana: State Nurses' Association	25.00
Missouri: State Nurses' Assn., $25; First District Assn., $5	30.00
New York: Troy Hospital Alumnae, Troy, $10; Dist. 2, Individual, $5	15.00
North Dakota: State Nurses' Assn.	15.00
Oregon: Individual, Portland	5.00
	$148.84

MARY M. RIDDLE, *Treasurer*.

Checks to the two funds should be made out separately payable to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

NATIONAL LEAGUE OF NURSING EDUCATION

Orders for the 1925 Calendar, published by The National League of Nursing Education should be sent to Headquarters, The National League of Nursing Education, 370 Seventh Avenue, New York, N. Y. The price is $1.00 per single copy, 75 cents on all order of 50 or over delivered in one shipment. The frontispiece of this *Journal* issue is an exact reproduction of the Calendar cover.

ARMY NURSE CORPS

During the month of October, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 1st Lieut. Jessie M.

Braden, 2nd Lieuts. Kathleen Mitchell, Catharine Wolfe; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieuts. Clifton A. Grinnell, Alice G. Griffin, Violet E. Neith, Emma F. Devitt; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Blanche H. Eager, Kathryn C. Hopkins, Esther Klain, Dorothea Johnston, Barbara MacNabb, Grace Newcomer, Mary E. Ray, Marie A. Ingram, Burdette B. Sherer; to the Hawaiian Department, 2nd Lieuts. Teresa Fitzgerald, Phoebe L. Greer, Leslie G. Lettrick, Eilian Davies, Myra Knickerbocker, Blanche D. Patrick, Clara G. Washington; to the Philippine Department, 1st Lieut. Lucy Holden, 2nd Lieuts. Olga M. Anderson, Edna L. Mahar, Elsie G. Moyer, Alice P. McGuire, Mary T. Manzer.

Second Lieut. Sara A. McLoughlin, Nurse, A.N.C., previously reported as separated from the service, has been re-appointed and assigned to duty at Station Hospital, Fort Leavenworth, Kans. 2nd Lieuts., Reserve Nurses, A.N.C., previously reported separated from the service have been re-appointed and assigned as follows: To Fitzsimons General Hospital, Denver, Colo., Pearl A. Buss, Theresa Mae Klein; to Letterman General Hospital, San Francisco, California, Elsie M. Smith; to Station Hospital, Fort Sam Houston, Texas, Grace Nestle; to Walter Reed General Hospital, Washington, D. C., Martha J. Clement (formerly Martha J. Rose), Myrtle M. Martin.

The following named are under orders for separation from the Corps: 2nd Lieuts. Mabel D. Beaver, Marie Blazicek, Helen M. Chadwick, Edith Davie, Edith E. Gamble, Ruth E. Gesaman, Mae C. Gibbons, Joanne Grevstad, Amelia A. Harris, Minnie G. McLemore, Annette P. Nagle, Signe E. Olson, Anna L. Rhynes, Mildred L. Sargent, Margaret A. Slevin, Metta M. Stady.

JULIA C. STIMSON,
Major, Supt., Army Nurse Corps.

NAVY NURSE CORPS

Transfers during October: To Annapolis, Md., Ida A. Netter; to Canacao, P. I., Susan E. Roller, Chief Nurse, Louis H. Clark, Allene M. Templeton; to Chelsea, Mass., Arlene Johnson; to Great Lakes, Ill., Honora Drew, Edith Hebden, Helen A. Russell, Chief Nurse; to Guam, Margaret B. Brewer, Ruth E. Metcalf; to League Island, Pa., Carrie Hawkinson; to Mare Island, California, Elizabeth S. Hopkins, Chief Nurse, Josephine Rugg; to Newport, R. I., Mary L. Drohan; to New York, N. Y., Barbara F. Egenreider; to Norfolk, Va., Eleanor Gallaher, Bertha B. Devitt, Mabel L. Gardiner; to Parris Island, S. C.; Mary A. Murphy; to Pearl Harbor, T. H., Isabelle F. Erskine, Chief Nurse, Paula E. Mattfeldt, Stella Terrell; to Quantico, Va., Ella B. Elwell, Helen M. Mechlin, Agnes Distler; to San Diego, California, Louise R. Lobb, Ada E. Welty.

Honorable Discharge: Rosa C. Wertz.

Resignation: Norina A. Brizzolara, Lucy M. Coulter, Agnes Jorgensen, Helen McHarry.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

Transfers: To Fort Stanton, N. M., Nell Webb, Anna M. Gartman, Sallye Applewhite; to New Orleans, La., Anna Weick; to Savannah, Ga., Elna Rasmussen, Addie Walton, Mildred Watkins; to New York City, Kathleen Pifher.

Reinstatement: Ruth Trainor.

LUCY MINNIGERODE,
Superintendent of Nurses, U.S.P.H.S.

U. S. VETERANS' BUREAU NURSING SERVICE

HOSPITAL SERVICE, *Transfers:* To Ft. Lyon, Colo., Anne Christiansen, Asst. C.N.; to Ft. Bayard, N. M., Emma Petersen; to Oteen, N. C., Beatrice A. Kenney; to Excelsior Springs, Mo., Dolina Stewart, H.N.; to Camp Custer, Mich., Mrs. Florence J. Pelton, C.N., Ella Seth; to Tucson, Ariz., Ethel L. Replinger; to Washington, D. C., Anna R. O'Donnell.

Reinstatements: Margaret Fay, Marjory J. DeRight, Eva F. Gray, Rue M. Dibble, Mildred A. Nash, Edna Reindahl, Ethel M. Young, Mayme D. Hall, Alma Houser, Kathryn A. Garrett, Lela Baggerly, Winifred L. Ephlin, Dorinda M. Black, Inga J. Qually, Elizabeth Verhasselt, Marjorie Mulcahy, Eileen Barrett, Grace G. Engleman, Asst. C.N., Nellie M. Boyd.

DISTRICT MEDICAL SERVICE, *Transfers:* To

Camp Kearney, Calif., Eleanor Olaison; to Alexandria, La., Frances Carville; to Saranac Lake, N. Y., Nettie B. Jordan, C.N.

Reinstatements: Joanna E. Meehan, Ellen J. Thomas.

U. S. Veterans' Hospital No. 100, Camp Custer, Michigan, was opened for the reception of patients, October 15, 1924. U. S. Veterans' Hospital No. 99, Excelsior Springs, Missouri, was also opened for the reception of patients, October 15, 1924.

There has been a noticeable increase in the need for nurses in the U. S. Veterans' Bureau Nursing Service. This is due to the passage of the Reed-Johnson Bill, which was approved by the President under date of June 7, 1924. Additional nurses are needed in all of the U. S. Veterans' Hospitals.

The Director has concurred with the Medical Director in the desirability of having a Nursing Council as an adjunct to the Medical Council, U. S. Veterans' Bureau. It is expected that in the near future this Council will meet in Washington, D. C., in connection with the Medical Council.

MARY A. HICKEY,
Superintendent of Nurses.

THE AMERICAN CHILD HEALTH ASSOCIATION

The second annual meeting of the American Child Health Association held in Kansas City, Mo., October 14-16, was most successful and decidedly profitable to those who attended. At this same time the Kansas City annual fall Clinical Conference and Medical Association of the Southwest was in session, making the week more interesting even though a little complicated, as unfortunately one cannot be in more than one place at a time. The report of the General Executive, Courteney Dinwiddie pointed out the fact that although the infant mortality death-rate in the United States has steadily decreased since 1915, the maternal death-rate is still high—a fact as shocking as it is true. The report suggested that our next move should be to increase health rather than decrease death, thus overcoming the situation which we are constantly fighting. At the Round Table Luncheon of representatives of affiliated societies, a representative of each organization was asked to give a one-minute report of the outstanding work of his or her organization. The afternoon was devoted to the subject, Training Leaders for Child Health Work. One of the outstanding papers was that of Professor E. M. Morgan of the University of Missouri on Community Organizers, laying special stress on the fact that no community can go faster than the local leaders can take it, that coöperation generally means compromise and "uplift idea" must be forgotten if success is to be attained.

At the Nurses' Section, papers were read on the training of leaders in Child Health for rural and city work, showing that the foundation must be much the same, even though the problems and conditions are somewhat different. These papers led to much discussion, bringing out the fact that careful consideration and much time must be given to the training of a nurse while she is still a member of a staff, if she is to develop properly and later be able to stand on her own feet as a leader. It was agreed that every public health nurse may not make a good Child Welfare nurse, neither will every child welfare nurse develop as a leader, therefore, we must choose them carfully if we are to attain the desired results.

Dr. Wm. J. French's report of the Child Health Demonstration in Fargo, N. D., was especially illuminating. He said that "while public health is dependent upon child health, the latter is in turn dependent on the one hand upon the completeness of the public health program and the care and intelligence with which it is administered, the character of the educational facilities offered and the moral tone of community, and on the other, the living conditions within the family unit." Another point in this paper was that there are six groups from which child leaders come—physicians, nurses, teachers, social workers, spiritual advisers and the citizens of the community who may be said to be representatives of the family group. Outside of the physicians, which is the most important, it is hard to say, "Certainly training with them all must begin early and must be of a positive, not negative character." In this last phrase, Doctor French surely struck the key note of the training of leaders for all groups.

The evening session was a joint session with the Clinical Conference having as speakers,

Sally Lucas Jean and Dr. George E. Vincent. Miss Jean's subject was Internationalization of Child Health and Its Significance. She made a plea that America share with all nations her abundance of health knowledge and said that while it is not possible to obtain at once the necessary corps of well trained teachers needed in any country, it is possible each year to give a few teachers the opportunity for broadening their experience and vision, for the teacher is largely responsible for the development of children. She said that the world is ready to follow America in health matters and we may look forward to a world of healthy children.

Doctor Vincent, on The Doctor of the Future, in his usual delightful style, pointed out that while preventive medicine, in reducing the amount of sickness, is limiting curative practice, there still is and always will be the need of the general practitioner—the much beloved "family physician." The specialist is an inevitable outcome of the growth in knowledge, experience and technic but despite this the general practitioners still constitute by far the largest group of doctors—perhaps 75 per cent. of all. The well equipped general practitioner is a very valuable person—being not only a physician but friend and counsellor as well. If he is to survive, "he must be adjusted to new times, trained, esteemed and rewarded as a vital factor in the medicine of the future."

Wednesday's program was devoted to Problems of Late Childhood and Early Adolescence and Essentials of Community Organization for Child Health Work. Wilfred Aiken of St. Louis made a strong plea for the need of a normal companionship between a father and his son. Doctor Veeder spoke on the Physical Aspects of Adolescence and Dr. Sidney Schwab on the Mental Aspects. Bleeker Marquette of Cincinnati pointed out that much is still to be desired in educating the public as to the need of more funds for an adequate health program showing per capita expediture of from 11 cents in one city to $1.04 in another. He suggests that a community assess itself, and that success will be due to the intelligence of the budget committee, the backing of the press and the efficiency of the work. The late afternoon of Wednesday was given over to health plays in three sections of the city.

On Thursday, the members were tremendously interested in the report of the survey of eighty-six cities as presented by Dr. George T. Palmer and Dr. S. J. Crumbine. While everywhere there seems to be a budding consciousness of the need of child health work, cities are wasting money because of lack of trained personnel, which means bad human bookkeeping. Birth registration is neglected, though automobiles are carefully registered. In twenty-seven cities there were more deaths from tuberculosis than cases reported. The public health nurse apparently is a recognized institution which in itself seems hopeful. The report of the Clinic for Infants in Grand Rapids by Margaret Roche brought out much discussion, relating particularly to the obtaining of volunteer help in the clinics and conferences. Equally interesting was the report of the Merrill Palmer Nursery School and its splendid method of child training. The School Section was presented from the standpoint of the physician, the nurse and the teacher.

The meeting ended with a joint session on Pediatrics and Obstetrics with the Kansas City Clinical Society, the speakers being Dr. Fred L. Adair on causes of Ante-Natal, Intra-Natal, Post-Natal and Neo-Natal Deaths; Dr. Richard Smith, Tuberculosis in Infants and Young Children; and Dr. LeRoy Hunner, Gynecology and Female Urology.

On Wednesday and Thursday, as well as on Tuesday, there were group luncheons, one of those on Thursday being for the Child Welfare Section of the National Organization for Public Health Nursing. The object of this was especially to decide whether this section should continue, and it was voted that it should, and that it plan a definite program for the benefit of organizations engaged in Child Welfare Work.

The meeting closed making everybody feel, in the words of Doctor Wood, that this organization stands for "the health of every child in America."

PHYLLIS M. DACEY.

THE AMERICAN PUBLIC HEALTH ASSOCIATION

The Association held its 53rd annual meeting in Detroit, October 20-23. It was conducted on the same plan as our biennial nursing conventions, so that the nine sections,

Public Health Administration, Laboratory, Vital Statistics, Food and Drugs, Sanitary Engineering, Industrial Hygiene, Child Hygiene, Health Education and Publicity, and Public Health Nursing were simultaneously in session. The Public Health Nursing Section met four times. Every convention program has its key term, which for this one was "Values." Officers of the Public Health Nursing Section were elected at the first session, namely: Alta Dines, chairman; Mary Laird, vice chairman; Agnes F. Martin, secretary; Barbara H. Bartlett and Margaret K. Stack, council. Mabelle S. Welsh read the Report of the Committee to Formulate Standards for Positions in Public Health. The standards suggested were in two classes, one to take effect in 1925, the other in 1930. Practically the only difference in the two classifications for eligibility to Public Health Nursing, is that the former demands two years of high school and the latter four years or graduation. The requirements common to both are that nurses undertaking Public Health Nursing in rural communities where there is little or no supervision should present a minimum preparation of either a four months' Public Health Nursing Course given in an accredited college, or a year's experience on a well organized visiting nurse association staff.

As usual when standards are raised, they are not retroactive, which means, in this instance, that the portion of those 1,300 public health nurses now in the field who cannot meet these requirements will be able to continue their jobs. In this day of educational opportunity, it seems little enough to ask high school graduation as a foundation for any nursing education. In the discussion, Gertrude Hodgman, Educational Secretary, N.O.P.H.N., indicated that the Standards submitted by the Committee would help to influence nursing schools to raise their entrance requirements to high school graduation, for at present only about 10 per cent. of the schools have this requirement. Ruth Houlton, of the Minnesota State Board of Health, cited the value of practical experience indicating that there is a very great need for the public health nurse who has qualified herself in this school, even though she cannot meet present day educational standards. Several physicians joined in the general discussion and evidenced a very keen understanding of nursing education problems, though they felt we are too conservative in placing high school graduation as a requirement as far away as 1930. It seemed significant that leading physicians in public health have no fear of the nurse becoming overeducated. It was voted to continue the Committee, asking them to formulate standards for supervisors and executives of public health organizations.

The second session was a joint meeting with the Public Health Administration Section and the topic discussed by several prominent health officers was the Administration of a Public Health Nursing Service. Can bedside care be properly included in the duties of a city, county and state health department, was a question which caused debate at this session as well as others. Nurses are divided in their opinion on this subject as are the doctors. Dr. M. S. Fraser of the Provincial Board of Health, Manitoba, Canada, outlined a generalized program, as conducted in Manitoba, which includes bedside care. The nurse gains entrance into the homes of these independent frontier people by working out from the School. Thus Johnny's school nurse may become his mother's nurse at the birth of a little brother; in fact, she fills the role of school nurse, maternity, infant welfare, and any other variety that the family may need. Such a unified program is ideal for small communities, but it is not a pattern that can be followed by our congested cities where one school may have 1,000 pupils. The Public Health Forum gave attention to the discussion of the time honored question, generalization versus specialization. The advocates of the latter were few. The Chairman, Dr. Charles F. Wilinsky, Director of the Blossom Street Health Unit, Boston, put the question to a vote—the ayes were in the majority. Here again the importance of nurses and doctors meeting as members of the same association and discussing their common problems was clearly demonstrated.

The Luncheon Session with the Health Education and Publicity Section, our own Elizabeth G. Fox presiding in her characteristic whole-hearted, comradely manner, proved beyond a doubt that the public health nurse

is the proper messenger to carry health to the home.

A few outstanding contributions were: The Report of the Committee on Municipal Health Department Practice, of which Professor C. E. A Winslow is Chairman and Dr. W. S. Rankin the Field Director. The Committee has studied health department practice in cities with over 70,000 population and from this appraisal is gradually working out with the help of individual and group opinion an ideal program by which a health department may check its activities, and which will serve as a guide to cities just initiating health department work. Dr. Thorvald Madsen's paper on the Health Work of the League of Nations presented astonishing progress in international health work with boundless possibilities for further accomplishment. Dr. Victor Vaughan, in a spirited address given at the first General Session, sounded a note not heard again. He praised the attainment of scientific medicine in reducing the mortality and morbidity rates, but made a plea for a sturdier race through the propagation of only the fit. He stated that the remainder of his life would be given to finding how to eliminate the unfit.

The subjects for the closing general session expressed the thought carried throughout the convention, of applying the measuring rod, that is, taking an inventory of health work in order to hold and develop that which has value and to discard that which has none. Dr. Louis I. Harris, New York, in a paper on Values in the Control of Communicable Disease, stressed the social aspects, stating that while a Department of Health may do much to suppress the spread of communicable disease, little is known of what might be prevented if our social and industrial problems could be properly adjusted. For example, if there were no seasons of unemployment, if the housing facilities were adequate and rents reasonable enough to avoid over-crowding, much disease might be prevented and many years be added to the life span! Dr. Abel Wolman, Baltimore, continued the application of social principles in his paper, Values in the Control of Environment. The positive side, Values in the Maintenance of Health, was discussed in a very able way by authorities in their respective fields, for Dr. Walter H. Brown, Mansfield, Ohio, discussed The Child; Dr. E. R. Hayhurst, Ohio State University, presented from a wealth of material drawn from various industrial groups, The Worker, and Dr. Haven Emerson spoke on The Adult.

It seems customary when reporting a convention, to mention only the good points, but I wish to enter a protest against overcrowding programs, a fault common to all. The papers at this convention were far too long, or there were too many short ones. There is a limit to physical endurance, and it seems high time that health workers practise their own precepts, and apply first of all the evaluation test to the multiplicity of health organizations and their publications, and then to the character and length of programs put on for annual conventions. A convention brings people together and from this intermingling of groups and individuals comes an exchange of ideas and practices which is perhaps its greatest contribution, and the meeting of the American Public Health Association was no exception to the rule. Detroit was honored by having its Health Commissioner, Dr. Henry Vaughan, elected President.

EMILIE G. SARGENT.

FOREIGN NEWS

China: The printed report of the 1924 Conference of the Nurses' Association of China is full of interest. The meetings were held in Canton, January 31-February 6. One feature which our meetings lack was the ever-present thought of the spiritual side of the work of the nurse. Devotional meetings were held as regularly as business meetings. There were 167 delegates present, 82 of them being Chinese, men and women, since many men are trained as nurses in China. Among the guests were the President and the Secretary of the China Medical Association, and six Chinese nurses sent by the Governor of Hupeh province. "At the last Conference in Hankow, 1922, the Governor of Kwangtung had sent six Chinese nurses and this was the Governor of Hupeh's answer." Two of the excursions taken were to the Canton Hospital, established in 1835, the first Protestant missionary hospital in the world, and to the Kerr Refuge for the Insane, the only institution

of the kind in China. The Association is planning not only national headquarters, but a building of its own. It will send four delegates to the International Council in Finland next year. Miss G. S. Stephenson of Anlu was elected President, and Miss Hope Bell, General Secretary. Nanking was chosen as the place of the next meeting.

Finland: Kyllikki Pohjala, who has been in this country for more than a year studying methods of teaching and administration in schools of nursing, sails December 2 for Helsingfors. Miss Pohjala will have the direction of a Central School for Preliminary Courses, Suomen Sairashoito-opisto. The school is expected to begin with 75 pupils from some eight or nine hospitals.

Turkey: Edith Clendenning has returned to this country after five years in Europe with the American Red Cross. The past three years have been spent in the American Hospital and School of Nursing in Constantinople. When the school was established three years ago, seven nationalities were represented in the student body. To-day, most of the entering students are Turkish women of a fine type.

STATE NEWS

Alabama: The Alabama State Nurses' Association held its twelfth annual meeting in Birmingham, on October 21. The address of welcome was given by Mrs. Mary Echols, Commissioner of Health and Education; the response by Mary Irby Mastin. Reports of officers and committees were given and the President, Bertha Clement, gave her report as delegate to the Detroit convention and her address as President. Agnes G. Deans, Secretary of the American Nurses' Association, spoke on Building an Association. At noon there was luncheon at the Southern Club with an address by Laura R. Logan, President of the National League of Nursing Education. A ride followed the luncheon. At the afternoon session there were addresses: Nursing Education in Alabama; Mrs. M. F. Teeple; Red Cross Nursing Activities in the South, Miss Robinson of Atlanta; Industrial Nursing, A. M. Barr. In the evening, a joint session was held with the Jefferson County Medical Society with greetings from three representatives of Birmingham, another address by Miss Logan, and one by Dr. James S. McLester. The members greatly appreciated the presence of Miss Deans, Miss Logan and Miss Robinson who brought just the inspiration needed. Officers elected are: President, Margaret Murphy, Mobile; vice presidents, DeWitt Dillard of Mobile and Zoe LaForge, of Birmingham; secretary, Mrs. Ida S. Inscor, Dothan; treasurer, Diana Fair, Birmingham. Chairmen of committees are: Ways and Means, Helen McLean; Nominating, Mrs. Belle Hope; Program, Augusta Smith; Relief Fund, Mary Bush; Publicity, Nellie Earekson; Printing, Bertha Clement.

Arkansas: Hot Springs.—The Leo N. Levi Memorial Hospital held its graduating exercises at the Temple, October 29, at which time the five graduates received their diplomas and recited the Forence Nightingale Pledge. After the impressive exercises, the attractive new Nurses' Home was opened to the public and a reception was held .

California: Los Angeles.—District 5 held its first fall meeting in the Nurses' Club House, October 7. This was the first meeting to be held in the new club house and Dr. Rufus Von Kleinsmid, President of The University of Southern California, who gave the principal address at the ceremonies attending the laying of the cornerstone for the building one year ago, was the speaker of the evening. The Nurse and Professional Responsibility was the topic of his address. He declared that the traditional dislike for work had been dispelled by the realization of opportunity and the privilege of accomplishment, and that a nurse adorns her profession along with physicians, teachers, ministers and lawyers. Mrs. Henry Dietrich, President, announced that the membership of District 5 has reached 700.

District of Columbia: The Graduate Nurses' Association of the District held a special meeting on October 13, at the Club House, Washington, to receive the reports from the Detroit convention. Major Stimson reported on the Government Section; Miss Butler, in the absence of Miss Noyes, on the Red Cross meetings and she also told of the response of Red Cross nurses on National Defense Day. Miss Bowling, Director of the Instructive Visiting Nurse Association,

reported the Public Health meetings; Miss Melby of the Army School, spoke on Side Lights of the Convention; Miss Maynard and Miss Elsey reported the general sessions which they attended as delegates. After the reports had ben givn, Miss Fox added some things not spoken of. A social hour followed. THE LEAGUE OF NURSING EDUCATION held its October meeting at the Nurses' Recreation House, Walter Reed General Hospital. After the business session, Mary W. Tobin, 1st Lieut. Army Nurse Corps, presented the subject: Intelligence Testing, Its History, General Application and Use in Army School. A social hour followed. The following officers were elected at the annual meeting of the League: Julia C. Stimson, President, Major, Army Nurse Corps; Dorothy O. Sparhawk, vice-president, Columbia Hospital; Mrs. Isabelle W. Baker, secretary-treasurer, American National Red Cross.

Georgia: Savannah.—THE FOURTH DISTRICT ASSOCIATION held its annual meeting in the Nurses' Home of the Ogiethorpe Sanatarium on October 27. The following officers were elected: President, Lennie Vickers; vice president, Essie Clifton; secretary, Vera Mingledorff; treasurer, Mrs. E. C. Westcott; directors, Bertha Amram, Julia Phillips. The chairman of the Directory Committee is Mrs. Bouhan. Two delegates were chosen to attend the State meeting. A social hour followed.

Illinois: THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting at Urbana, October 29 to 31. The Board of Directors held their annual meeting on Tuesday evening, October 28. Over two hundred and fifty nurses from the various Districts attended, and twenty-seven student nurses sent as delegates from schools of nursing were present. Their attendance added much to the occasion and no doubt the interest aroused by this association with the graduate nurses will be the beginning of a deep and lasting interest in the State organization. The students were guests at a dinner given by the First District, the School of Nursing of the Burnham Hospital entertained them at tea, and they were guests of the State Association at the Annual Banquet. Adda Eldredge, President of the American Nurses' Association, Mary M. Roberts of *The American Journal of Nursing*, and Laura R. Logan, President of the National League of Nursing Education were honored guests. All gave very splendid lectures. It was a rare privilege to have them at the meeting because of the inspiration and the enthusiasm they brought. The program for the entire period was exceptionally well planned and rendered. The speakers were all eminent in their field and they gave unstintingly of their knowledge. The program was of such a character that the needs of the nurses of various fields were met. The election of officers took place on Friday afternoon, and the following were elected: President, Sara B. Place, Chicago; vice president, Sadie Walsh, Princeton; secretary, May Kennedy, Chicago; treasurer, Elizabeth Anseltine, Waukegan. On Thursday afternoon, the Illinois State League of Nursing Education held its annual election and elected the following: President, Evelyn Wood, Chicago; vice president, Dora Soumby, Chicago; secretary, Olga Andresen, Chicago; treasurer, Charlotte Johnson, Chicago. The Private Duty Section held several meetings and had charge of the program of one general session at which time the problems of the private duty nurse were discussed. Great interest was manifested which indicated that many private duty nurses were present. A constitution and by-laws for the Section was adopted. Rose Wood, Elmwood, was elected chairman and Ann Reiner, Moline, secretary. The Public Health Section which was organized last year held its annual meeting and also had charge of one general session. Mabel McClenahan, Chairman, presided. The new officers of this Section are: Chairman, Mabel McClenahan, Waukegan; secretary, Mabel Boyd, Chicago. Chicago.—THE ALUMNAE ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL gave a reception in honor of Miss Logan on November 4 at the Nurses' Home. Mrs. Theodore B. Sachs has been elected vice president of the Mississippi Valley Conference on Tuberculosis. The Chicago Industrial Nurses' Club entertained its friends and representatives of industry at the Nurses' Club on October 9, when those present enjoyed a talk by Mr. Burr, general auditor of the American Railway Express Company, music and a social hour. The Club stands for: 1. High

qualifications and standards for Industrial Nurses; 2. An opportunity to discuss mutual problems; 3. To encourage interest in all nursing activities and problems through speakers and reports and discussions of delegates from State and National Conventions; 4. Promoting fellowship among industrial nurses; 5. Fostering an understanding spirit of coöperation with all representatives of industry.

Indiana: Fort Wayne.—The First District Association held its sixth annual meeting on November 8 with a noon luncheon at Wolf and Ressauer Auditorium with an attendance of eighty-eight. Edna L. Foley of Chicago was on the program, but was unable to attend on account of serious illness. Isabel Glover, County Public Health Nurse of Vermillion County, gave a very interesting address on Public Health work in the Rural Districts. The President's address and annual reports were given. Officers were elected as follows: President, Anna Holtman, Fort Wayne; vice presidents, Julia Groscop of Garrett, and Elizabeth Holland of Kendallville; secretary, Lottie B. Keller, Fort Wayne; treasurer, Frances Gillis, Kendallville; directors for three years; Lillian Garard and Hilda Leahy. The Board of Directors met after the meeting to complete the Committee appointments for the year.

Iowa: Burlington.—District 2 was entertained by the Burlington Hospital Alumnae on September 27, at the Nurses' Home. After the business meeting an excellent program was furnished, followed by a banquet, with dancing and cards in the evening. The Alumnae Association of the Burlington Hospital has raised $790 by two rummage sales for the building fund of the new addition to the hospital. An excursion in August brought in nearly $200 more. The students of the School of Nursing gave a Hallowe'en party for the Alumnae on November 1. **Davenport.**—The Sixth District held its quarterly meeting at St. Luke's Hospital, October 17. Five delegates were chosen to attend the State meeting. Dr. W. A. White gave an illustrated talk on The Treatment of Cancer with Radium. A luncheon followed. **Ottumwa.**—The Ottumwa Hospital has as its new Superintendent, Lydia Neumeyer of Alta Vista, Kansas. The Ottumwa Hospital Association gave a Hallowe'en party to the Alumnae and students at the Nurses' Home on October 28.

Kansas: The Kansas State Nurses' Association held its annual meeting in Wichita, October 10 and 11, with Headquarters at Hotel Lassen. The Board of Directors met at 8 p. m., October 9, when reports of officers and committees were given. At this meeting a new Section was created, for a State League of Nursing Education, organized during the convention at a called meeting of those interested. Ethel Hastings of Kansas City was elected Chairman and M. Helena Hailey of Topeka, Secretary. At 8:30 a. m., October 10, the Advisory Council met. Representatives of the various districts reported meetings and various activities during the past year. At 10 a. m. the first general session was held in the Ball Room of Hotel Lassen. The meeting was called to order by the President, Ethel L. Hastings. All present joined in singing America. After the invocation by Rev. E. A. Lowther, L. W. Clapp of Wichita welcomed the nurses to the city. The President, Ethel L. Hastings, responded to the address of welcome in a few well chosen words, after which she gave her address to the nurses. The Roll was called by Districts and in alphabetical order. After the usual business had been attended to and the various appointments made by the President, letters were read regarding the Isabel Hampton Robb Memorial Fund and the McIsaac Loan Fund, and it was decided to make donations to each of these funds. At the afternoon meeting the following program was given: Address, Some of the Problems of Child Welfare Work, Dr. Paul C. Carson. This address was followed by a discussion, after which Mrs. C. C. Bailey of Topeka gave a report of the Convention at Detroit. Olive Chapman, head of the Southwestern Division of the Red Cross, read a paper on The Working Plan of the Red Cross in Organization. After the program some of the unfinished business was taken up. At this time Sister Catherine Voth of Bethel Hospital, Newton, was unanimously elected as Honorary President of the association. In the evening at 6:30 the nurses attended a banquet. Mrs. Betsey Harris Superintendent of Nurses at Wesley Hospital, Wichita, was Toastmistress.

After the singing of a popular song in which all joined, the nurses were delightfully entertained by a program which consisted of special music, short talks by nurses of National reputation (Olive E. Chapman, Frances Brink, Mary E. Gladwin, Elnora Thomson). An inspiring address by Rev. J. Magee of Wichita ended the program. Saturday morning, October 11, from 8 to 9:30, the Public Health Section, the Private Duty Section and the Superintendents and Instructors of Training Schools met in different rooms of the hotel for Round Tables, Business Sessions and short programs. Dr. L. C. Bishop of Wichita gave an address to the nurses of the Private Duty Section, and Miss Brink and Miss Thomson addressed the Public Health Section. The officers of the Public Health Section are: Chairman, Elizabeth Condell, Atchison; secretary-treasurer, Edna Patterson, Winfield. The Private Duty Section: Chairman, Bertha Baumgartner, Halstead; secretary, Martha Schaplowsky, Halstead. The general session was called to order in the Ball Room of Hotel Lassen at 10 o'clock. Address, Home Economics and Health, Grace Wilkie, Wichita; address by Ina Peterson, Wichita; Paper, Mental Tests, Their Limitations, by Miss Rosendale of Wichita High School. After a short intermission an address on Importance and Advantages of Education for Nurses was given by Mary E. Gladwin of St. Paul, Minn. An informal address in which Elnora Thomson told of her work in Child Welfare closed the morning session. During the noon hour the members interested in the State League of Nursing Education had a meeting to make plans for the organization. At 2 p. m. another general session was held. At this meeting an announcement regarding the International Council of Nurses to be held in Helsingfors, Finland, in 1925, was read. Frances Brink brought greetings from Headquarters, and a message from Agnes G. Deans, whom the members had hoped to have at some of the meetings, but who could not attend this year. The date of the next meeting was brought up for discussion and it was decided that the annual meetings be held on the second Friday and Saturday in October, but that the Board of Directors have the privilege of changing the date, if necessary. Miss Gladwin gave a short talk on *The Journal* and Some of the Pioneer Nurses. The members adopted resolutions expressing their appreciation of having with them Miss Gladwin, Miss Chapman, Miss Brink and Miss Thomson. It was decided to support the plan to have a nursing institute in connection with a state educational college. Topeka was chosen as the next place of meeting. Officers elected are: President, Mrs. Charles C. Bailey, Topeka; vice presidents, Mrs. Jessie Fain, Wichita, and Orlene Berlin, Hutchinson; secretary, Caroline E. Barkemeyer, Halstead; treasurer, Esther M. Sullivan, Topeka; directors, Ethel L. Hastings, Edna L. Patterson, Sister Catherine Voth, Mary Helena Hailey, Sadie Allison, Mother Frances DeSales.

Massachusetts: The autumn meeting of the Massachusetts State Nurses' Association was held in Northampton, October 24 and 25, beginning with an open evening meeting at which Carrie M. Hall presided. Edward J. Woodhouse, Mayor of the City, and Dr. George W. Rawson, President Hampshire County Medical Society, welcomed the nurses to the city. Dr. Florence L. Meredith, Professor and Director of Department of Hygiene and Physical Education, Smith College, gave an interesting paper on Pre-Health Courses offered at Smith College. Following a discussion of this paper, Miss Hall spoke interestingly of the various Departments of the American Nurses' Association, explaining how and why all nurses should seek membership therein. A social hour with refreshments followed. At 9 a. m. Saturday, at the McCallum Home for Nurses, Cooley-Dickinson Hospital, a session of the State League of Nursing Education convened, Sally Johnson presiding. The subject, Is the Nurse Adequately Prepared to Meet Her Responsibilities in Nutritional Work? was ably handled by the presentation of two papers: The Responsibilities, Mina McKay; The Preparation, Amalia Lautz, Dietitian, Peter Bent Brigham Hospital. Following discussion, Miss Catton presented a report of the National League Meeting at Detroit Convention. A meeting of the Public Health Nurses' Section was held at 10 a. m., Helen R. Fowler presiding. A demonstration play, Home Defense, was presented on the lawn. Miss Fowler gave a report of the

National Public Health Nurses' Convention held at Detroit. At 11 a. m. a meeting of the Private Duty Nurses' Section was held and a very instructive and interesting paper was presented by Dr. C. E. Marshall of the Amherst Agricultural College on Significance of Accessory Food Substances. Miss Hollingsworth gave a report of the Detroit Convention. At 12 noon through the courtesy of the Chamber of Commerce and Kiwanis Club the nurses were transported by automobiles to a luncheon at the Prophylactic Brush Company Cafeteria at Florence, Mass., and to visit the United States Veterans' Bureau Hospital 95, where afternoon tea was served at the Nurses' Home. At 2:30 p. m. Miss Hall presided at a meeting of the State Nurses' Association, at the McCallum Home for Nurses, Cooley-Dickinson Hospital. The Training School Glee Club furnished a pleasing program of songs and the following program was presented: Address of Welcome, Mrs. F. N. Kneeland, President, Hospital Aid Association, Cooley-Dickinson Hospital; Address, Nursing Service, U. S. Veterans' Bureau, Mrs. Mary A. Hickey, Superintendent of Nurses; Address, Psychiatric Training in Relation to General Nursing, Dr. A. H. Pierce, Commanding Officer, U. S. Veteran's Hospital No. 95, Northampton; Report of biennial convention of American Nurses' Association, Detroit, Helen M. Blaisdell, Boston. Following the afternoon session, Mrs. Alice C. Cleland, Superintendent Cooley-Dickinson Hospital, was hostess at a delightful tea at the Nurses' Home. The nurses were delighted with the program as well as the hospitality of Western Massachusetts nurses and their friends. The foliage of the surrounding hills was wonderful. Mt. Holyoke and Mt. Tom were seen at their best from a charming city on a glorious sunny autumn day. **New Bedford.**—Georgia M. Nevins has resigned as Superintendent of St. Luke's Hospital and is giving up nursing work. After spending several months in Texas, she will reside in Washington, D. C. St. Luke's Alumnae Association entertained its faculty, supervisors and students at an informal tea and dance at the White Home, November 6, with an attendance of 140. **Peabody.**—The J. B. Thomas Hospital held its first public graduation exercises in the Nurses' Home on September 11, for a class of six. The Valedictory was given by Emily Perrigo. Dr. Horace K. Foster gave the address and Mercedes Bradley read an essay on the Life of Florence Nightingale. The class then recited the Nightingale Pledge. The diplomas were conferred by Mayor William Shea.

Michigan: The Michigan State Nurses' Association is submitting a permissive County Nurse Bill to the 1925 Legislature with the hearty coöperation of the State Department of Health and the various women's organizations of the state. Michigan nurses have every hope that the Legislature will move the adoption of this bill. At the present time some form of public health nursing is being carried on in fifty-three of the eighty-three counties, and twenty-eight of these support their nurses, despite the lack of legal authority to vote funds for this purpose. With the adoption of the County Nurse Bill, it is expected all will want to finance the work of a public health nurse. The Public Health Section of the State Association meets twice a year: in the spring, during the meeting of the State Association and in December during the Annual Conference of health officers and nurses. The December meeting is scheduled for the 10th, 11th and 12th in Lansing. Mrs. Lystra E. Gretter has been selected by the State Association as its representative to the International Council of Nurses, Finland, in July, 1925. There are indications that Michigan will send a fairly representative delegation to this International meeting. **Detroit.**—The First District Association met on November 7 at the Henry Ford Hospital. A lecture on the endocrine glands was given by Dr. Lewis Klein of Parke, Davis & Company. The lecture was illustrated with slides showing different types of individuals resulting in derangement of these glands of internal secretion and also diagrams showing the team work and interdependence of the various glands. It was an exceptionally educational lecture. Juliet George has been appointed Educational Director of the School of Nursing and Hygiene of the Henry Ford Hospital. Louise Bawden has been appointed head of Practical Instruction. The Farrand Training School Alumnae gave a ball, November 6, at McLaughlin Hall,

the proceeds of which are to be used to begin a Bed Endowment Fund for sick nurses. The goal sought is $50,000. The proceeds were over $200 and to this Dr. Angus McLean, as the first individual donor to the Fund, added a large amount. THE PRIVATE DUTY SECTION of the District met at dinner at the Woman's City Club on November 5. The Section provided the program for the November District meeting. THE GRACE HOSPITAL ALUMNAE annual meeting was held October 14. Officers elected are: President, Ella M. Malley; vice presidents, Melvina Johnson, Hilda Cox; recording secretary, E. M. Pulleyblank; corresponding secretary, Pauline McCormick; treasurer, Christine Seewald. **Marquette.**—The graduate nurses of DISTRICT 14 held their monthly and annual meeting at the Ishpeming Hospital. The following officers were elected for the coming year: President, Marie S. Brown, Ishpeming; vice president, Emilie VanBrocklin, Marquette; secretary, Emma Huebner, Marquette; treasurer, Lydia Macki, Ishpeming; directors, Olive Pendill, Victoria White and Kathryn R. Gutwald. Edna B. Groope has resigned her position as Instructor and Assistant Superintendent of St. Luke's Hospital on account of ill health; Emilie VanBrocklin succeeds her.

Minnesota: In order that the members might take advantage of the opportunity to attend sessions of the Minnesota Educational Association and of the Sanitary Conference, the State Nursing Organizations postponed their joint annual meeting from October to November 5 to 8, inclusive. The sessions, with the exception of those held jointly with the Minnesota Educational Association, were held at the Curtis Hotel, Minneapolis. The Convention opened with a reception given by the nurses of Third District. The principal speaker of the evening was President L. D. Coffman, of the University of Minnesota. After the responses by Ruth Houlton, President of the State Organization for Public Health Nursing, Caroline Rankiellour, President of the State League of Nursing Education, and Irene English, President of the State Nurses' Association, refreshments were served. The organizations were fortunate in having among the speakers, Dr. Smiley Blanton, Director of the Child Guidance Clinic in the Twin Cities; Dr. Charles A. Prosser, Director of Dunwoody Institute, Minneapolis; Sophie Nelson, Director of the Visiting Nurses' Association, St. Louis; Georgina Lommen, Department of Education, Teachers' College, Moorhead; Elsie Witchin, Director of Nursing Service Central Division, American Red Cross. Mary E. Gladwin, Director of Nursing Education in Minnesota, contributed much to the success of all the meetings. She gave an inspiring address before the Private Duty Section on Thursday afternoon, and her address on "Minnesota" on Friday evening awakened in the members' hearts and minds a sense of appreciation of the glorious opportunities within their own state. They were privileged to have with them during the entire convention, Agnes G. Deans, Secretary of the American Nurses' Association. Miss Deans, as usual generous with her time and energy, answered questions, entered into discussions, and was an inspiration to all. Interesting and instructive sessions were conducted by the State League, and by the Public Health Organization. A demonstration of the Home Nursing Care of Communicable Diseases was greatly appreciated by the Health Officers in attendance at the Joint Session with the Public Health nurses. Two business sessions were held at which comprehensive reports were given by Alumnae and District associations. These reports evidenced growing interest in the work of the organization and were enthusiastically received. Two of the districts have as their project the establishment of a loan fund and one the organization of an Hourly Nursing Service. The Private Duty Section has a Refresher Course or Institute under consideration. An unusually large number attended the Red Cross Luncheon at which Miss Witchin of the Central Division, Miss Gladwin of the National Committee, and others, presented the ideals of the American Red Cross and its program for service. The annual dinner on Friday evening was given in honor of Adah Patterson who has recently resigned her position as Superintendent of St. Luke's Hospital, Saint Paul. Miss Patterson is a charter member of the State Association and has served as director for many years. She was presented with a beautiful basket of roses in appreciation of her valuable counsel

and assistance. A very profitable and enjoyable afternoon was spent at Glen Lake Tuberculosis Sanitarium. Following an inspection of the services and a demonstration in heliotherapy, a delightful tea was served at the new nurses' home. As usual, student delegates contributed to the success of the convention. Miss Lucier of St. Mary's, Rochester, and Miss Zimmerman of the Central School, Minneapolis, assisted Sister Domitilla in her exposition of the value of Case Records. Miss Hested of the Kahler, Rochester, gave a report of the National Convention. A delightful tea for student delegates and visitors was served at the Swedish Hospital Nurses' Home. The Board of Directors contributed to the National League of Nursing Education, $100; to the Robb Memorial, $50; to the McIsaac Loan Fund, $50. Contributions to the Relief Fund were also reported. The officers elected are: President, Caroline Rankiellour, Minneapolis; vice presidents, Irene English of Rochester, Louise Schneller of Duluth and Sister Stella, Duluth; secretary, Dora M. Cornelisen, Saint Paul; treasurer, Sophie Olson Hein, Saint Paul; directors, Helen Peck, Minneapolis, Chairman of the Private Duty Section, and Clara Webber, Saint Paul. **Minneapolis.**—Eleanore Zuppann succeeds Alma Haupt as Superintendent of the Visiting Nurses' Association. Miss Haupt sailed for Austria in September. Mary E. Gladwin, Director of Nursing Education, and Helen Stevens shared honors at a reception given at St. Barnabas Nurses' Home, Minneapolis. Miss Stevens, a graduate of St. Barnabas, has returned from Henry Street, New York, and is now one of the instructors with the Visiting Nurses' Association in Minneapolis. The Swedish Hospital Alumnae held their Fall Festival in the gymnasium of the Nurses' Dormitory on October 21. Supper was served to 100 people followed by an auction sale. G. W. Olson, former Superintendent of the Hospital, now in Los Angeles, gave a talk. **St. Paul.**—Margaret Crowl resigned her position at St. Luke's Hospital to become Superintendent of Northwestern Hospital, Brainerd. Adah Patterson resigned her position as Superintendent of St. Luke's Hospital on November 1. Miss Patterson has served St. Luke's for eighteen years and her going is a distinct loss. A delightful reception was given for Miss Patterson by the nurses of Fourth District. Resolutions expressing appreciation of her services and worth and regret at her leaving were presented by members of the hospital staff, St. Luke's Alumnae and the District.

Mississippi: One of the most successful nurses' conventions ever held in this State was that of the MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES, held in Hattiesburg, October 30 and 31. A great deal of routine business was transacted, many interesting reports read, and several papers and talks. During the Private Duty Section, which was particularly interesting, a committee was appointed to investigate conditions and advisability of establishing a Central Registry for Nurses. The Public Health Section was very interesting and some splendid papers were read. Relief Fund report better than usual this year. Report from the Chairman to be submitted at a later date. A great deal of the success of the meeting was attributed to Rose M. Ehrenfeld, representative of the A. N. A., who was of inestimable value to the members and a motion was carried that letters of appreciation be sent to A. N. A. Headquarters, thanking them for sending Miss Erhenfeld and to the Southern Division of the A. R. C. (American Red Cross) for Miss Robinson, who was an inspiration to every one with whom she came in contact. Officers elected are: President, Mary H. Trigg, Greenwood; vice presidents, Mary D. Lancaster, Greenville (Ways and Means Committee), Sydney Vaughan, Hattiesburg (Credential Committee), Mary D. Osborne, Jaskson (Nominating Committee), Netty Ellsey, Meridian (Revision Committee), Janie H. Bramlett, Oxford (Publication Committee), Mrs. Blanche M. Hopper, Jackson (Relief Fund Committee); secretary, Mrs. Jennie Quinn Cameron, Hattiesburg; treasurer, Jane P. Cox, Natchez. The members and guests were entertained at luncheon by Dr. and Mrs. Crawford of the Mississippi State Infirmary; and at afternoon tea by Mr. and Mrs. James A. Cameron.

Missouri: St. Louis.—THE NURSES' CENTRAL CLUB, although not yet one year old, has proved a center for many activities. Not only do the residents enjoy its conveniences,

but various groups are finding it useful for their meetings;—the Third District Association, which owns it, the Industrial Nurses who held a supper meeting there in October; the Public Health Nurses' Unit, the League of Nursing Education, and the alumnae associations of some of the training schools. On November 5, the nurses of St. Louis had the pleasure of hearing Mary M. Roberts of *The American Journal of Nursing*, at the Club. An informal reception followed.

Nebraska: The Nebraska State Nurses' Association held its nineteenth annual meeting in Omaha, October 23 and 24. It was one of the finest meetings the Association has had, and there was a large attendance. The members were particularly fortunate and happy in having with them three nurses of national reputation who gave generously of their valuable help. Mary E. Gladwin, Educational Director, Minnesota, was the principal speaker at the banquet and gave a message that will not be forgotten; she also spoke at the regular session. Agnes G. Deans, Secretary of the American Nurses' Association, was an inspiration and helped over the hard places of the business session. Frances Brink, Field Secretary of the National Organization for Public Health Nursing, was present and spoke several times. The members hope it may be possible always to have some one from National Headquarters at the State meetings. The two days were so full of good things, those present will think of them for a long time. The next meeting will be held in Lincoln. Officers elected are: President, Bertha Bryant; vice presidents, Belle Beachley and Jennie Sunderland; secretary, Vida Nevison; treasurer, Luta Holdredge; directors, Laura Allen, Florence McCabe, Cornelia Carse.

New Jersey: The New Jersey State Nurses' Association held its eighteenth semi-annual meeting on November 7, in the Nurses' Home of the Morristown Memorial Hospital. About 150 nurses were present. Delegates from the six districts of the state reported on their work. Student nurses from ten different schools of nursing were the guests of their Alumnae Associations. Some of the important business transacted by the Association follows: Thanksgiving was adopted as a day upon which nurses agreed to make their annual contribution to the Nurses Relief Fund. Helen F. Greaney of Philadelphia, Chairman of the Private Duty Section of the American Nurses' Association, gave a talk on the outline of activities for private duty sections. The Inspector of the Schools of Nursing, Florence Dakin, reported for the first time on the work of this office, showing that twenty-five schools of nursing have been inspected and that splendid coöperation has been shown by the hospital authorities and that every effort is being made to meet the suggestions offered. The Chairman of the Relief Fund reported $437 had been contributed. The delegates from the Biennial Convention at Detroit reported on: Advisory Council, Nursing Education, Legislative and Industrial Section, Tuberculosis and Mental Hgiene. A committee has been formed for consideration of State Headquarters with a full time paid secretary. Ways and means are being developed whereby this may soon be realized. The Association went on record as approving the formation of a Middle Atlantic Division of the American Nurses' Association. Luncheon was enjoyed in a special dining room of the Community Club. The Alumnae of the Morristown Memorial Hospital were hostesses at tea at the close of the day's session. The annual meeting of the Association in April is to be held in Trenton. The Bureau of Child Hygiene of the State Department of Health reports that of the 90 nurses supervised by the Bureau, 63 have had their salaries and expenses assumed by the local Departments of Health and Education after a successful demonstration of the Continuous Child Hygiene Program in those communities. The Assistant Supervisor of the Department was sent to the American Child Health Association in Kansas City and two Supervisors were sent to the meeting of the American Public Health Association, Detroit. **Camden.**—At the annual meeting of The Cooper Hospital Alumnae Association, held in the Bellvue-Stratford Hotel, Philadelphia, the following officers were elected: President, Mary R. Kelly; vice presidents, Jean S. Andrus and Maud Broderson; secretary, Miriam Thorpe; treasurer, Margaret Cooper. **Elizabeth.**—The Nurses' Alumnae Association of the

ST. ELIZABETH HOSPITAL held its annual meeting on October 13 at the Nurses' Home, with a large attendance. On September 21, the alumnae presented a beautiful engraved watch to their Honorary Vice President, Sister M. Finan, class of 1910, as she was leaving with four other Sisters for North Hunan, China, where she will open a hospital. Sister Finan has been in charge of the operating room since her graduation. **Jersey City.**—THE NURSES' CLUB OF HUDSON COUNTY held its annual dinner on October 22 on the roof of the Elks' Club of Jersey City. There were about one hundred and twenty-five present. The purpose of holding the dinner at that time was to inspire the members into greater activity for the coming winter season. Mary M. Roberts, Editor of *The American Journal of Nursing*, was the principal speaker. She declared that the nurses of today have more initiative than their older sisters had, and that they are put to greater strain, since much more is demanded from them by the higher standards set for them. It is, therefore, up to the older nurses to adapt themselves to the newer conditions in the nursing world. According to Miss Roberts, there are not enough nurses to handle all the work set for them. Dr. B. S. Pollak, Medical Director of the Hudson County Tuberculosis Hospital, who spoke briefly, paid a tribute to the memory of the heroic Edith Cavell. Former Judge Robert Carey told his audience that it is possible to get along without doctors, but not without nurses. Other speakers of the evening were Dr. Talbot R. Chambers, the first honorary member of the Club; Dr. Gordon K. Dickinson; Dr. L. F. Donohoe President of the State Medical Society. Jessie Mudock, President of the Club, was toastmistress. **Newark.**—DISTRICT 1 met at the Nurses' Home of the Newark City Hospital on November 18. Dr. F. Pringle spoke on the Dick Test. **Orange.**—THE CENTRAL REGISTRY gave a Hallow'en Party in the Wm. Pierson Medical Library Association Rooms which was greatly enjoyed.

New York: THE NEW YORK STATE NURSES' ASSOCIATION held its twenty-third annual meeting at the Hotel Syracuse, Syracuse, October 28-30. *October 28* was given over to meetings of the New York State League of Nursing Education and the State Organization for Public Health Nursing. The first joint meeting was held that evening, Mathilde Kuhlman presiding. The invocation was pronounced by Dr. Bernard C. Clausen; the addresses of welcome were given by Hon. John H. Walrath, Mayor, and by Lesley West, President of the Huntington Foundation. The response was given by Eunice A. Smith, First Vice President, after which an inspiring address on The Responsibilities and Opportunities of the Nurse was given by Chancellor Charles W. Flint, Syracuse University. *Wednesday, October 29*, Registration showed an attendance of 268 delegates and 245 guests. After a business session, a short meeting of the Advisory Council was held. At the afternoon session, Dr. Livingston Farrand, President of Cornell University, gave an address which showed the necessity of having broad knowledge and understanding in order to carry on the work of a nurse efficiently. Annie W. Goodrich of New Haven spoke on The Evolution of the Nurse. In the evening there was a delightful banquet given by District 4. *Thursday October 30.*—The morning opened with Round Tables: 1. Conference between Principals of Schools of Nursing and State Board of Inspectors; 2. Ethics, Elizabeth C. Burgess, Chairman; 3. Private Duty, Elizabeth E. Golding, chairman. The address of the morning was given by Dr. William F. Wild on The Nurse's Part in the Control of Cancer. At the beginning of the afternoon session, a most interesting report of the Detroit convention was given by Mrs. A. L. Hansen. Through the courtesy of District 4 and several clubs of the city, the delegates were given an enjoyable ride followed by a tea given by members of the Women's Boards of five of the city's hospitals and by District 4. In the evening an address was given by Mrs. Genevieve Clifford of Ithaca on Social Activities of a Superintendent in a Small Community Hospital. Following this came a beautiful Pageant on The History of Nursing, arranged by Louise F. Bache. Officers elected are: President, Anne L. Hansen, Buffalo; vice presidents, Eunice A. Smith, New York, and Lydia E. Anderson, Brooklyn; secretary, Ella F. Sinsebox, Buffalo; treasurer, Louise F. Sherwood, Syracuse; directors, Mrs. Ethel G. Prince and Minnie C. Jordan.

THE NEW YORK STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held its Annual Meeting at the Hotel Syracuse, Syracuse, October 28. The following officers were elected: President, Mrs. Marion Brockway, New York; vice president, Mrs. Bertha Gibbons, Buffalo; secretary, Elizabeth Stringer, Brooklyn; treasurer, Marion W. Sheahan, Albany; directors, Mathilde S. Kuhlman, Mrs. Anne L. Hansen; Honorary Director, Dr. Matthias Nicoll, Jr. The morning session was called to order by the President, Miss Kuhlman. Reports of the Standing Committees were given. The remainder of the morning was taken up by the presentation by the President of the objects of the Association, an address by Frederick Bruns, President of the Chamber of Commerce of Syracuse, on Selling Service and one by Dr. Stanley Davies of State Charities Aid on Social Aspects of Mental Hygiene and a paper by Mary Elderkin, Union Carbide Co., New York City, on Our Responsibility Toward the Mental, Moral and Physical Health of the Young Worker in Industry. Luncheon at 12:30. The speakers were Dr. Thos. P. Farmer on the Milbank Demonstration, Annie W. Goodrich and Dr. Matthias Nicoll, Jr. The afternoon program included the following addresses: Health for Health Workers, by Dr. J. A. Lanza, Executive Officer of the National Health Council; Thetford Mines Experiment in Maternity, Infancy and Child Hygiene, by Alice A'Hearn, Metropolitan Life Insurance Company. THE NEW YORK STATE LEAGUE OF NURSING EDUCATION elected the following officers: President, Elizabeth C. Burgess, New York; vice president, Elizabeth LeRoy, Jamestown; secretary, Mary McPherson, Schenectady. **Cortland.**—THE CORTLAND COUNTY HOSPITAL Training School for Nurses held commencement exercises, October 31, in the Community Hall of the new high school. There were fourteen students in the graduating class. Helen Wood, Director of Nurses, University of Rochester, gave the address to the graduates. A reception and dance followed. Among the activities of Commencement Week was a progressive dinner party given the Seniors by the preliminary students. There were six courses, each course at a different home; students being taken in automobiles. At the last home games and dancing were enjoyed. Another evening the School dinner was held at which the Seniors were the guests of the Juniors. Many toasts were given and were much enjoyed. **Elmira.**—THE ALUMNAE ASSOCIATION OF THE ARNOT-OGDEN MEMORIAL HOSPITAL held a meeting at the Nurses' Home, September 3. A picnic supper and corn roast were enjoyed by about thirty members, after which the business meeting was held. Eleven new members were admitted. On October 3, the Seniors of the School of Nursing gave a reception in the Nurses' Home for the new class of 29 members. **New York.**—The students in the DEPARTMENT OF NURSING EDUCATION, TEACHERS COLLEGE, met for the first time as a group on September 29. The subject of the program was Internationalism. Mrs. Ethel Parsons, General Superintendent, Nursing Service, National Department of Health, Brazil, gave a most stimulating and graphic description of the work she has directed for the past three years, the first modern nursing Brazil has ever known. The interest in nursing first arose through a desire to develop a modern public health program and the need for well-trained native nurses quickly made apparent the importance of establishing a school of nursing. The School is now two years old and in a flourishing condition despite the difficulty of securing sufficient students of a high type that is so characteristic of the Latin countries with their tradition of sheltered womanhood. Some Nursing and Social Conditions in Russia was discussed by Lillian A. Hudson of Teachers College who, with Lillian D. Wald, was a guest of the Soviet Government last summer. Miss Hudson found conditions in Russia more hopeful than we are generally led to suppose. She will describe nursing conditions in a later issue of the *Journal*. The number of students registered for the Summer Session was 267,—53 in Administration and Supervision; 85 in Teaching; 129 in Public Health. The fall registration is 217,—47 in Administration and Supervision; 58 in Teaching, and 112 in Public Health. There is also quite a group of students from foreign countries, which includes China, Japan, the Philippines, Bulgaria, Holland and Denmark. As special adviser to this group, the International Institute of Teachers

College has appointed Nina D. Gage, Dean of the Hunan-Yale School of Nursing, Changsha, China, who is this year completing her work for the M.A. degree. The foreign students have also delightful living quarters now available in the great new International House just opened on Riverside Drive, which affords a rare opportunity for strengthening International Relations. One of the former students, Winifred Forsythe, has been appointed resident Health Adviser. The Isabel Hampton Robb Fellowship of $650 annually has been awarded this year to Lisle Freligh, a graduate of the Illinois Training School, by an interesting coincidence the School in which Isabel Hampton began her remarkable work for the improvement of nursing education. Miss Freligh is studying for her Ph.D degree. Another former student, Mrs. Mary Goodyear Earle, graduate of the Roosevelt Training School, has been appointed a Research Scholar in the School of Education, Department of Psychology. Mrs. Earle is one of the first nurses to undertake research work, and will occupy herself with a study of mental tests for student nurses. Teachers College has recently established, on a Fund given for the purpose by one of the Foundations, a Child Welfare Institute. In its first group of assisting scholars is a graduate student of this Department, Rosamund Praeger, a graduate of Smith College and of the University of Michigan School of Nursing, whose work for the past two years has been with pre-school children. Miss Praeger will study the problem of Sleep in Childhood. THE ROOSEVELT HOSPITAL ALUMNAE, at their annual meeting, November 6, elected the following officers: President, Mrs. Reginald Earle; vice president, Edwarda Crandall; recording secretary, Sarah Oldham; corresponding secretary, Marion E. Moule; treasurer, Esther M. Reilly. **Schenectady.**—Louise F. Arnold has resigned as Superintendent of the Ellis Hospital. **Troy.**—Amy M. Hilliard has resigned as Superintendent of the Samaritan Hospital. She is succeeded by Grace E. Allison who has recently been a member of the staff of Inspectors of Schools of Nursing under the State Department, Albany.

North Dakota: THE BOARD OF DIRECTORS OF THE STATE NURSES' ASSOCIATION held its semi-annual meeting on October 18, when it was decided to set April 28, 29, 1925, as the dates for the thirteenth annual meeting to be held at Bismarck. The State League will meet at the same time. Plans were made for an intensive membership campaign to be held during November.

Ohio: The Nurses' Examining Committee of the Ohio State Medical Board will hold an examination for Nurse Registration in Columbus, December 8, 9 and 10. Applications should be made in advance, Caroline V. McKee, Chief Examiner. A PUBLIC HEALTH INSTITUTE was held in Cincinnati, October 29-30, under the auspices of the Public Health Section of the State Association. The principal subjects and speakers were: Group Teaching of Pre-natal Work, Ellen D. Nicely; Breast Therapy, Ada Stokes; The Public Health Nurse in Industry, Dr. W. E. Brown; Clinics for Rural Communities, Clara Lodwick; The Public Health Nurse, Dr. Martin Fischer; Heliotherapy in Tuberculosis, Dr. Clarence L. Hyde; Goitre Prophylaxis, Dr. Robert Olson; Health Work in the School (demonstration), Dr. Elmer Schlemmer and Pauline F. Abrams; Home Visiting on School Children, Alma E. Gault; Public Health Laws of Ohio, James E. Bauman; How the Public Health Nurse May Grow in Service, Norma Selbert; Nutrition of the School Child, Uarda Faine; Preparation of the Teacher to Teach Health, Virginia Lewis. AN INSTITUTE was held in Columbus, November 12-15, under the auspices of the Educational Section of the State League, with the following subjects: The Young Woman and Her Adjustments to College Life, Elizabeth Conrad; Educational Methods, Prof. V. T. Thayer; The Use of Text and Reference Books and Magazines as Teaching Helps, Clara F. Brouse; Biology, Caroline E. Stackpole; Demonstration of Methods of Taking Temperatures and of Giving Hypodermics, Ruth Snowden; Practical Applications of Chemistry to Nursing, Prof. J. F. Lyman; Newer Tendencies in the Use of Drugs, Dr. Clayton S. Smith; Class in Drugs and Solutions, Grace Watson; Public Health Demonstration; Records in Schools of Nursing, Sister M. Ursula; Evaluation of Credits, Prof. S. F. Rasor; Interpretation of the Medical Practice Act, Dr. Herbert M. Platter; The

Part of the Head Nurse and the Teaching Supervisor in Nursing Education, Mildred McC. Stemler; Scholarships and Other Aids, Frances Latimer; Present Tendencies in the Standard Curriculum, Nellie X. Hawkinson.

Cincinnati.—District 8 held its November meeting in Middletown as guests of the Rotary Club which served dinner to the members. Miss Mund, Public Health Director, acted as hostess.

Youngstown. — St. Elizabeth's Hospital held commencement exercises for a class of 17, on November 19, in the Assembly Room of the Ohio Hotel. The diplomas were conferred by Bishop Schrembs.

Zanesville.—Bethesda Hospital Training School graduated a class of 8 on October 30, with exercises held in the auditorium of the hospital. An interesting program was given under the direction of the Superintendent, Grace Lowery. This included an address by Rev. J. I. Moore of the United Presbyterian Church. Dr. E. C. Brush presented the diplomas. The program was followed by a reception. Good Samaritan Hospital held graduation exercises for a class of 3 on November 9, in the hospital chapel. Addresses were given by Rev. F. Reuter and by Rev. J. J. Calahan, who presented the diplomas. Exercises followed in St. Elizabeth Hall where an address was given by Dr. J. P. H. Stedem of Newark and where each graduate read an essay, the subjects being: The Ideal Nurse, History of Nursing and Psychology of Nursing. A class supper followed.

Oklahoma: The Oklahoma State Nurses' Association held its sixteenth annual meeting in Enid, October 29-31, with an attendance of 68 registered. Agnes G. Deans of the American Nurses' Association was present for one day. She was a great stimulus and a help in planning a membership campaign and a new bill for state registration. The State Association has but 292 members,—only a small part of those registered and in active work. It will be easier to increase membership if the bill becomes a law. One of the speakers, Mrs. Maud Richman, of the State Vocational Training Department, is the originator of the Mothercraft classes in the State. This is the only State Vocational Department using graduate nurses with special training in child psychology and giving instruction to expectant mothers and to mothers of children of the pre-school age. The State Organization of Public Health Nurses met this year with the Public Health Conference where all organizations interested in public health took part. Next year they will meet with the State Nurses' Association. Reports of the national convention were given by Rosalind Mackay, on Public Health; by Mary Jane Kinney on Private Duty; by Antionette Light on the League of Nursing Education; and by Mrs. Ada Godfrey. Officers elected are: President, Mrs. Ada Godfrey, Tulsa; secretary, Mrs. Virginia Tolbert Fowler, Oklahoma City. The State League President is Antoinette Light, Oklahoma City; secretary, Edna Duncan, Cherokee. The chairman of the Private Duty Section is: Mary Jane Kinney; secretary, Barbara Young.

Oregon: Portland.—The Oregon League of Nursing Education gave a very interesting program at a meeting of District 1, held at the Central Library, October 29. The program consisted of talks and letters from nurses in the foreign field. Winnie Penny told of her work in China in a most fascinating way. Letters from Mildred Wright from China and from Minnie Tontz from Africa were read. The Senior student nurses from the hospitals in Portland were invited to the meeting to stimulate an interest in professional meetings before graduation. They responded very well. The student nurses of St. Vincent's Hospital gave a unique stunt party on Hallowe'en, initiating the new Freshman class.

Baker.—The nurses of St. Elizabeth's Hospital recently organized an Alumnae Association. They are looking forward to many profitable and enjoyable meetings.

Pennsylvania: The Graduate Nurses' Association of the State of Pennsylvania held its 22d annual meeting in Reading, October 27-30. The program as printed was carried out with few changes. On *Monday, October 27*, the *morning* was devoted to business. The *afternoon* was begun with a session of the Private Duty Section, Clara Jones presiding. At 4 p. m., Dr. Thomas Klein of Philadelphia, spoke on Ideal Training of Student Nurses for Private Practice. A Round Table followed on Registration Problems, conducted by Roberta M. West. In the *evening* came

the formal addresses of welcome, the response, and the Presidents' addresses by Miss Turnbull, Miss Miller and Miss Ford. The evening closed with an address by Wilmer Krusen, M.D., on Responsibility of a Municipality for the Education of the Nurse for Community Service. On *October 28, morning*, a business session was held, followed by a Private Duty Round Table and session. On *October 29*, the State League held its meetings with business in the morning, and in the *afternoon*, papers on The State Board of Examiners, S. Lillian Clayton; The Spirit of Nursing, Mary M. Roberts of New York; Case Nursing, Effie J. Taylor of New Haven. A Round Table on the *Journal* followed. In the *evening* there was a banquet followed by addresses by Mrs. John O. Miller of the League of Women Voters and by Isabel M. Stewart of Teachers College. The morning of *October 30* was occupied by a business session. The following officers were elected: President, Jessie J. Turnbull; vice presidents, Margaret Dunlop, Mrs. Anna Barlow; secretary-treasurer, Gertrude L. Heatley; directors for two years, Roberta M. West, Helen F. Greaney. THE PENNSYLVANIA STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held its first annual meeting in Reading on October 28. Two luncheon conferences were attempted which met with unusual success. Both dining rooms were filled to capacity. Over 100 members of Public Health Nurse Boards from all parts of the State attended the Lay Luncheon. The following ten minute talks were given: Address of Welcome, Fred Ludwig, Reading; Value of Lay Membership in the State Organization, Mrs. Lyman D. Gilbert, Harrisburg; Relation of the Board to the Staff, Mrs. Ralph Ammerman, Scranton; Hospital and Public Health Nursing Organization, Mrs. Dolan, Philadelphia; Adequate Salaries, Mrs. Harold Howe, Bryn Mawr; Value of the Automobile, Mrs. Mather, Hazelton; Sick Leave, Mrs. George Dawn, Greensburg; Cost of Nursing Visit, Anna M. L. Huber, York. The program for the meetings was: *Morning*, Business, Netta Ford presiding; Round Table on School Nursing, Anna Stanley, hostess. Luncheons for Visiting Board members and for Public Health and Red Cross nurses. *Afternoon*, The Responsibility for the Success of a Public Health Program, Katherine Tucker, Philadelphia; The Responsibility of the Board and the Public, S. Lillian Clayton. Round Table on Generalized Nursing Service, Katherine Tucker, hostess. *Evening*, Address by Prof. C. E. A. Winslow of Yale University, The Meaning of Public Health Nursing. **Altoona.**—Eva M. Sadler, a graduate of the Altoona Hospital School of Nursing and Postgraduate of Bellevue and Allied Hospitals and of the Pennsylvania School for Social and Health Work, has sailed for Tjisaroea, Buitenzorg, Java, Dutch East Indies, where she will have charge of a school for native nurses. Miss Sadler hopes to establish a public health nursing service in connection with the hospital. **Bethlehem.**—ST. LUKE'S HOSPITAL TRAINING SCHOOL FOR NURSES held its fortieth annual commencement on October 18 in the High School Auditorium for a class of eleven. An address was given by Roberta West, Secretary, Pennsylvania State Board of Examiners, on Forty Years of Nursing. The diplomas were presented by Major C. C. Davis, Superintendent of the Hospital; medals by Jean M. Coucheur, Director of the Training School. The Ladies' Aid Scholarship of $150 and a prize of $50 were awarded. The Alumnae prizes of $30 were awarded. THE NURSES' ALUMNAE ASSOCIATION held its annual meeting at the Nurses' Home on St. Luke's Day and elected: President, Camilla B. Fulper; vice president, Victoria White; secretary, Bessie M. Ely. The Association presented to the Hospital a completely furnished room in the Victoria White Nurses Home called the Alumnae Room, to be occupied by a student nurse. The meeting was followed by a tea. **Huntingdon.**—The annual meeting of the NURSES' ALUMNAE ASSOCIATION OF THE J. C. BLAIR MEMORIAL HOSPITAL was held in the Nurses' Home, October 17. The meeting was well attended. The officers elected for the coming year are: President, Anna Garner; vice presidents, Mrs. Gladys Zerby Miller, Mrs. Mary Krepps Shelley; secretary, Mrs. Ruth Snyder Havens; treasurer, Mildred Neff. Flower Committee Chairman is Greta Weston; Press and Publicity Committee, Blanche McDivitt. Commencement exercises were held for the graduating class on October

17, in the Auditorium at Juniata College, followed by a reception in the Nurses' Home. The Alumnae gave a banquet to the graduating class on October 18 at the Koffee Shoppee. It was enjoyed by all present. **Lancaster.**—St. Joseph's Hospital Alumnae held a special meeting on October 4 and chose a delegate to attend the State meeting. **Philadelphia.**—Elizabeth F. Miller, after more than five years of fruitful effort, has resigned her position as Superintendent of Nurses at the Philadelphia Hospital for Contagious Diseases, to become Nurse Consultant for the State Hospitals of Pennsylvania. She is succeeded by Amy Allison of Providence, R. I. The graduates of the Presbyterian Hospital in Philadelphia were well represented at the State Convention, twenty-two being present for all or part of the time. At the tea given by the Women's Club of Reading, fifteen were present and a memory letter signed by them was sent to their former Directress, Caroline I. Milne of Limekill, Scotland. **Pittsburgh.**—Nurses of the city are proud to claim three of the State officers—the President, Secretary-treasurer, and one of the Directors. The Honorary Degree, Master of Arts, was conferred upon Sister M. Etheldreda Ermine by the University of Pittsburgh. It was learned that this degree was conferred upon her in recognition of her teaching services and her contributions to the nursing profession of Pittsburgh for over twenty-five years. Mercy Hospital Alumnae met on November 12 and heard a report of the convention. The members will work to make the International Catholic Nurses' Guild a success. Mary E. Walton is glad to give information regarding it. A dance was given on November 21st. The members attending the November meeting of the Nurses' Alumnae Association and the Senior class of the Training School, Allegheny General Hospital, considered themselves very fortunate in being able to have Jessie Turnbull, President of the State Association, address them on The Nurse and Her Responsibility to Service. It was one of the most inspiring addresses ever given to the Association and she left many helpful suggestions behind her. After the address a social hour was enjoyed.

Rhode Island: The Rhode Island State Nurses' Association held its quarterly meeting at the Medical Society Library, Providence, October 8. After the business was transacted, addresses were given on Law Enforcement, Mrs. Walter A. Peck; Voting, Hon. Richard Jennings; Mental Hygiene, Dr. Arthur H. Ruggles and Dr. George Pratt. A social hour followed. The Rhode Island League of Nursing Education held a meeting, October 16, at the Nurses' Home, Rhode Island Hospital. Mary S. Gardner spoke on The National League. A social hour followed. **Providence.**—The Rhode Island Branch of the Guild of St. Barnabas held a Florence Nightingale Memorial Service at Grace Church, on the evening of October 26. Groups of students and graduates from all parts of the state nearly filled the church. The address was given by Doctor Worcester of the Waltham Hospital. Linda Richards was present. Grace L. McIntyre resigned her position as Superintendent of Nurses at the Rhode Island Hospital last spring because of ill health. She is improved and is doing work with well children. Her successor is Aste Erpestad, a graduate of the Newton Hospital. The Rhode Island Hospital Alumnae at their September meeting made plans for increasing the Inez Lord Scholarship. At the October meeting, Hon. Rthard W. Jennings gave a short political talk. On November 6 and 7, the members held a successful sale and raised $800 for the scholarship fund. St. Joseph's Alumnae met on October 30 at the Nurses' Home. After the business meeting, a reception was given for Sister Annunciata, the newly appointed Mother Superior of the Hospital.

South Dakota: The South Dakota State Nurses' Examining Board will hold an examination for registration of nurses at Pierre, St. Charles Hotel, on January 14 and 15, 1925. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination.

Texas: The Texas State League of Nursing Education held its annual Institute for nurses, October 6 to 11, in Austin. Eighty nurses attended, including practically an equal number of institutional, private duty and public health nurses. The lectures on

Principles of Teaching, Public Speaking and Psychology were of special interest and value to every nurse. The entire program was successful—the only criticism given was that there were not enough practical demonstrations. At the closing session, Mrs. Grace Engblad, Superintendent of Nurses of Texas State Tuberculosis Sanatorium, Sanatorium, Texas, gave a very clear and concise summary of the program with suggestions for future programs. It was conceded that a vast amount of good had been derived from the talks given by the visiting physicians, the University faculty and the nurses who contributed.

Utah: Salt Lake City.—The L. D. S. Hospital Alumnae held its annual Hallowe'en ball on October 30 at the School of Music. The Association met on October 17 for a lecture on Insulin by Dr. G. G. Richards. The students of the School for Nurses were entertained at a Hallowe'en party, October 31, by the trustees of the School.

West Virginia: Huntington. — The Huntington Graduate Nurses' Association was organized in August with 32 charter members and the following officers: President, Mrs. Eugene Waters; vice president, Edith McClarty; secretary-treasurer, Mrs. G. S. Patterson. The first regular meeting was held on September 15 with Mrs. Patterson and was much enjoyed. The Y. W. C. A. have opened their doors to the association and in the future the meetings will be held at their headquarters. The nurses feel fortunate in having resident in Huntington, Mrs. H. C. Lounsbery, who has been a resident of Charleston for 31 years. Sixteen years of that time she was superintendent of school nursing and previously Superintendent of a New York Hospital. All that time Mrs. Lounsbery has been very active in all nursing affairs in city and state. They have also Mrs. Geo. S. Patterson (Miss C. P. Van der Water), who, for years held important hospital positions. Both have been a great help in effecting the organization. Mrs. Patterson has been made Secretary and Treasurer and Mrs. Lounsbery Chairman of the Advisory Board. The President, Mrs. Waters, is a graduate of West Philadelphia Hospital and now has charge of the baby clinic work in Huntington and also of the Central Registry of Nurses. The object of the Association is to promote mutual benefit, stimulate an active interest in nursing affairs and to coöperate with such movements as will tend to establish a high standard for the nursing profession.

Wisconsin: The Wisconsin State Nurses' Association held its annual meeting at the Immanuel Presbyterian Church, Milwaukee, October 28-29. About three hundred and sixty nurses registered. On the first day the Rev. Howard Agnew Johnson, pastor of the Immanuel Church, gave the Invocation, which was followed by the reports from the officers, districts, chairman of committees, delegates to the American Nurses' Association, and the federated Women's Club and from the Wisconsin Antituberculosis Association. Douglas Swigget of the Milwaukee *Journal* welcomed the convention to the city and Agnes Reid, President, graciously responded. The afternoon session was opened with community singing led by Frederick Carberry of Milwaukee. Theodore Werle, Executive Secretary of the Michigan Anti-Tuberculosis Association, gave an address on Selling Health. Aimee Zillmer, Assistant in Education of the Wisconsin State Board of Health, spoke on What's on the Growing Girl's Mind. The Fourth and Fifth District Nurses' Association were hostesses at a tea at 4:30 p. m., given at the Wisconsin Nurses' Club. The second day of the meeting a breakfast was held at the Nurses' Club, for the Council. The morning was given over to the Public Health Section, Claire Lewis, Chairman, presiding. Following is the program: Invocation, Rabbi Samuel Hirschberg, Milwaukee; report of Detroit Convention, Branches of the N. O. P. H. N., Mary Houlton, Director Public Health Nursing, State Board of Health, St. Paul; What Membership in the State Federation of Women's Clubs may mean to Nurses, Mrs. A. H. Wilkinson, Milwaukee; The Prevention of Communicable Diseases in Schools, Doctor Griswold, Acting Head of the Department of Hygiene, State University, Iowa. At noon a luncheon was served at the church, the guests of honor being the Pioneers in Nursing in the State of Wisconsin. In the afternoon Mildred Fehlhauer presided over the Private Duty Section which was opened with

community singing. Tora Johnson, LaCrosse, gave the report of the Private Duty Session and Round Table on Registries from the Detroit Convention. Dr. A. B. Schwartz of Milwaukee gave an address on Complemental Feeding and Dr. Ewald Wetzel, also of Milwaukee, one on Oral Hygiene, illustrated with lantern slides. The Private Duty luncheon was held at the Wisconsin Nurses' Club the following afternoon. Pledges were made to the following funds: Nurses' Relief, $100; Wisconsin Antituberculosis Association, $25; The McIsaac Loan Fund, $25; Robb Memorial Fund, $25. Officers for 1924-25 are: President, Cornelia van Kooy; vice presidents, Mrs. L. A. Moore and Claire Lewis; secretary, Mrs. C. D. Partridge; treasurer, Margaret Pakenham; directors, Agnes Reid, Evelyn Smith, Levina Dietrichson, Mrs. H. E. Wolf, Millie Jacobsen and Mrs. Northam; Chairman of Public Health Section, Cecelia Evans; Chairman of Private Duty Section, Mary Reynolds. THE WISCONSIN STATE LEAGUE OF NURSING EDUCATION held its annual meeting in conjunction with that of the State Association. Officers elected are: President, Grace TeBrake, Milwaukee; vice president, Sister M. Beata, LaCrosse; secretary, Rose Newman, Milwaukee; treasurer, Mary Goebol, LaCrosse. **Eau Clair.**—THE TENTH DISTRICT ASSOCIATION met on October 7 at Sacred Heart Hospital. Twenty-five dollars was donated toward the chest clinic to be held in November so that an extra day may be given for examinations. Clara Lewis gave an interesting report on the Public Health meetings of the Detroit Convention. Nine nurses attended the State meeting. Eau Claire is fortunate in securing the Convention for 1925. THE LUTHER HOSPITAL ALUMNAE held a bazaar, November 6, at the Masonic Hall for the benefit of the new nurses' home. **Milwaukee.**—THE FOURTH AND FIFTH DISTRICT at its October meeting voted $50 to the Nurses' Relief Fund. The Milwaukee County League of Women Voters sent J. C. Lightner to speak on the Electoral College and the platforms of the presidential candidates, an address which was enjoyed by all. The alumnae of Mt. Sinai were the hostesses of the evening. THE MILWAUKEE HOSPITAL ALUMNAE met October 16, in the Nurses' Home. Fifty dollars was subscribed to the Nurses' Relief Fund and plans for the Xmas Bazaar for the Wisconsin Nurses' Club were made. Mrs. C. D. Partridge gave a short talk of the history of the Wisconsin State Association. Anna Heil succeeds Helen W. Kelly as Registrar of the Wisconsin Nurses' Club and Directory.

MARRIAGES

Christina Ash (class of 1919, Protestant Episcopal Hospital, Philadelphia), to William Denis Kendall, October 8.

Elizabeth Bloxom (class of 1913, Cooper Hospital, Camden, N. J.), to Wilbur Nash Hollis, September 10. At home, Audubon, N. J.

Myra O. Boyd (class of 1920, General Hospital, Kansas City, Mo.), to Guy D. Haley, October 11. At home, Kansas City, Mo.

Ethyle Calihan (class of 1920, St. Joseph's Hospital, Lancaster, Pa.), to Grover C. Schwartz, M.D., September 14. At home, Lancaster.

Esther Carlson (Arnot Ogden Memorial Hospital, Elmira, N. Y.), to William S. Welliver, October 18. At home, Elmira, N. Y.

Margaret L. Casey (class of 1921, Fall River General Hospital, Fall River, Mass.), to Eugene Ouelette, October 6.

Jane Teare Dahlman (class of 1908, New Bedford Training School, New Bedford, Mass.), to A. T. McCormack, M.D., October 16. At home, Berlin, N. H.

Hazel A. Davis (class of 1916, Methodist Episcopal Episcopal Hospital, Brooklyn, N. Y.), to Michael Cosgrove, October 11.

Maud Denney (class of 1921, Cooper Hospital, Camden, N. J.), to Henry Genit Taylor, September 17. At home, Camden, N. J.

Nellie Dutton (class of 1913, Charity Hospital, Topeka, Kans.), to Walter Adams, September 24. At home, Delia, Kans.

Margarethe Erickson (class of 1922, Bethesda Hospital, St. Paul, Minn.), to L. W. Martin, September 10. At home, Hector, Minn.

Mildabelle Fraser to Howard Albert Donnelly, September 6. At home, Detroit, Mich.

Muriel Gallindo (class of 1922, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Wallace Bower, M.D., October 18.

Ethyle Hershey (class of 1923, St. Joseph's Hospital, Lancaster, Pa.), to Raymond Herr, September 23. At home, Lancaster, Pa.

Amy M. Hilliard (class of 1903, St. Luke's Hospital, New York), to Henry Colvin, November 5. At home, Troy, N. Y.

Lydia Holm (class of 1919, Bethesda Hospital, St. Paul, Minn.), to Carl Johnson, September 20. At home, St. Paul.

Augusta Holmberg (class of 1918, Bethesda Hospital, St. Paul, Minn.), to H. O. Sievert, October 17. At home, Centuria, Wis.

Nettie Bell Jones (class of 1921, Norton Memorial Infirmary, Louisville, Ky.), to James M. Starnes, September 4.

Clara S. Jones-Davis (State University Hospital, Oklahoma City, Okla., and Johnston-Willis Hospital, Richmond, Va.), to Huebert R. Sherrill, M.D., September 16. At home, Richmond, Va.

Katherine V. Lamb (class of 1921, Youngstown Hospital, Youngstown, O.), to Wilson W. McCoy, October 17. At home, Freeport, O.

Hannah Linnard (class of 1923, Bethesda Hospital, St. Paul, Minn.), to Arthur Peterson, September 1. At home, Garfield, Minn.

Florence L. Maris (class of 1907, Lakeside Hospital, Chicago), to Frederich William Schalk, September 13.

A. Myriam Reighard (class of 1922, Arnot Ogden Memorial Hospital, Elmira, N. Y.), to Laurence M. Fitch, M.D., October 1. At home, Elmira.

Marguerite Romig (class of 1922, St. Luke's Hospital, Bethlehem, Pa.), to R. F. Yeide, September 29. At home, Weatherley, Pa.

Mary A. Sheehan (St. Joseph's Hospital, Providence, R. I.), to Everista A. Cormier, M.D., October 1.

Sue Smith (class of 1906, Mercy Hospital, Davenport, Iowa), to C. L. Madden, September 24. At home, Chicago, Ill.

Mabel Standiford (class of 1921, Norton Memorial Infirmary, Louisville, Ky.), to E. B. Taylor, October 18.

Dora Suechting (class of 1916, Ottumwa Hospital, Ottumwa, Iowa), to F. A. Lange, October 22. At home, Spokane, Wash.

Florence D. Thistlethwaite (class of 1918, Fall River General Hospital, Fall River, Mass.), to John R. Graham, September 20.

Emily Edith Torr (class of 1901, St. Louis Protestant Hospital Training School, St. Louis, Mo.), to Thomas Henry Kirk, November 3.

Nellie Watterson (class of 1920, Mercy Hospital, Davenport, Iowa), to Herman Wesenberg, October 21. At home, Davenport.

Mabel Wilson (class of 1920, Methodist Episcopal Hospital, Philadelphia), to Harold E. Wilkes, November 3.

DEATHS

Katherine Emmons Allen (class of 1902, The Grace Hospital, Detroit, Mich.), on July 16, at Portland, Oregon.

Edith Robertson Anders (class of 1911, Christ's Hospital, Topeka, Kans.), on August 20, at Hays, Kans.

Ethel Black (class of 1913, St. Luke's Hospital, New York), at the Hospital, on October 23, of heart failure, following pneumonia. Burial was at Dunnville, Ontario.

Maud Bonar (Presbyterian Hospital, Pittsburgh, Pa.), on October 9. Miss Bonar served as a Reserve Nurse, Army Nurse Corps, for three years, being stationed in New York City, Fort Sheridan, Ill., and Fitzsimons General Hospital, Colorado. She was discharged from the service in September, 1921.

Gandeloupe Callan (class of 1878, Bellevue Hospital, New York), at her home in Washington, D. C.

Lovilla Cedargren (class of 1917, Bethesda Hospital, St. Paul, Minn.), on September 21, following an operation for brain tumor. Miss Cedargren did private duty, except for twenty-one months which she spent overseas in Army service.

Bernice Gaul (class of 1920, St. Luke's Hospital, New York), on July 13, at the Hospital, of Vincent's angina.

Maria M. Irish (class of 1888, Maine General Hospital, Portland, Me.), on October 12, following a short illness at her home in Portland. Miss Irish was a splendid type of woman and did excellent work in her profession during the twenty-five years of service as a private duty nurse. She was an active member of her Alumnae Association. She will be greatly missed by all who knew her.

Mrs. Meservey (**Elizabeth Jones**, class of

1920, St. Luke's Hospital, St. Paul, Minn.), on October 25, after a brief illness.

Elizabeth Hanson (class of 1895, Protestant Episcopal Hospital, Philadelphia), on July 23, in Bradford, England.

Mabel Mason (class of 1886, Brooklyn Hospital, Brooklyn, N. Y.), on October 28, at Augusta, Me. Miss Mason did private duty nursing in Brooklyn and for twenty-eight years was engaged permanently in one family. She was a charter member of her Alumnae and an interested member of her profession. She had been ill a year with anemia, but she was so much improved that she was about to take up active duty again, when cerebral hemorrhage occurred. She will be greatly missed by her associates and friends.

Sophia Newall, on October 17, at St. Vincent's Hospital, New York City. Miss Newall was a Red Cross nurse and a veteran of the Spanish-American War. Burial was at Arlington Cemetery, Washington, D. C.

Ellen C. Riley (class of 1918, All Souls' Hospital, Morristown, N. J.), on October 15, at St. Mary's Hospital, Passaic, N. J. Miss Riley was knocked down by a passing automobile and died within a few hours of a fractured skull. The profession has lost a valued member; she will be greatly missed by all who knew her.

Mrs. A. P. Brooks (**Marian Skinner**), at Mussoorie, India, on July 26. The *Nursing Journal of India* reports this death and adds that Mrs. Brooks came from America to India in 1921 to the Presbyterian Hospital, Ferozepore, where she did excellent work for two and one-half years until her marriage.

Signe Sundlin (class of 1923, Bethesda Hospital, St. Paul, Minn.), following an illness of three weeks of typhoid fever. Miss Sundlin did private duty and contracted her illness from a patient she was faithfully attending.

Margaret Sweetwood (class of 1913, Illinois Training School for Nurses, Chicago), on July 25.

O COME QUICKLY!

"Never weather-beaten sail more willing bent to shore,
Never tired pilgrim's limbs affected slumber more,
Than my wearied sprite now longs to fly out of my troubled breast:
O come quickly, sweetest Lord, and take my soul to rest!

"Ever blooming are the joys of heaven's high Paradise,
Cold age deafs not there our ears nor vapour dims our eyes:
Glory there the sun outshines; whose beams the Blessed only see:
O come quickly, glorious Lord, and raise my sprite to Thee!"

—*Thomas Campion.*

TOO LATE FOR CLASSIFICATION

MEETING OF EDITORS OF HEALTH MAGAZINES

Editors of twenty-one health magazines held a meeting on October 21, during the Convention of the American Public Health Association in Detroit. Topics discussed included possible central sources of news items and the distribution of news material from the magazines. It was the consensus of opinion that a central source of news is not needed, but that it would be desirable to supply to the general public, through newspapers and popular magazines, a digest of articles and items appearing in the various health bulletins. It was also suggested that on appropriate occasions editors of health magazines should unite in supporting movements which deserved such support. It was recommended that the National Health Council endeavor to ascertain from each magazine the type of circulation, in order that an analysis may be made and sent to all health editors. A committee was authorized to draft tentative advertising standards, and another committee to outline a permanent organization for the Editorial Conference Board. James A. Tobey of the National Health Council was continued temporary Chairman, and B. R. Rickards of the New York State Department of Health was appointed temporary Secretary.

Massachusetts: The Board of Registration of Nurses will hold an examination for applicants for registration on Tuesday and Wednesday, Jan. 13 and 14, 1925. Application must be filed at least seven days before the examination date. Charles E. Prior, M.D., Secretary, State House, Boston.

Mississippi: The Mississippi State Board of Nurse Examiners will conduct its semi-annual examination for state registration, January 5 and 6, 1925, in the Capitol Building, Jackson. For applications and information apply to Mrs. Ernestine Bryson Roberts, Laurel General Hospital, Laurel.

Vermont: The Vermont State Nurses' Association held its semi-annual meeting at St. Albans, October 28. During the afternoon session reports were given by the delegates who attended the Detroit national convention. The Shepherd Towner Bill was brought to the attention of those assembled and also the Child Labor amendment was discussed. There was a discussion of a proposed bill to regulate the practice of nursing in the State of Vermont. The Legislative Committee was instructed to present the bill at the next session of the General Assembly. The evening was occupied with addresses and a musical program.

THE JOURNAL FOR RELIEF FUND NURSES

Last year an appeal was made for subscriptions to the *Journal* as Christmas gifts for nurses who are receiving aid from the Relief Fund. Many responded to the appeal and almost every nurse then on the list was given a subscription. These subscriptions are now coming to an end and their renewal would bring great pleasure to those who are still too ill to work. Then, there are many additional names of nurses who were not on the roll at that time but who have since been added. The Relief Fund report for the present month shows that there are fifty-two nurses who are now receiving aid from the Fund. If any nurse wishes to make such a gift, we shall be glad to send a Christmas certificate with her name as donor so that the recipient may have it on Christmas Day. Last year, one nurse wrote back that the *Journal* subscription was the only Christmas gift she received!

CHRISTMAS CERTIFICATES

A Christmas certificate, showing that the *Journal* is coming through 1925, each month, is one of the nicest gifts a nurse can make to a professional friend. Why not give a subscription to the President of your School of Nursing Board as one group of students did recently?

THE JOURNAL INDEX

Requests for this year's index keep coming in. Again we remind our readers that Volume XXIV is to contain fifteen numbers, from October, 1923, through December, 1924, and the index cannot be made until after the December *Journal* is published. Hereafter the *Journal* year and the calendar year will coincide.

BOOK REVIEWS

ROUTINE LABORATORY EXAMINATIONS. By Anna L. Gibson, R.N. 84 pages. Illustrated. M. Barrows & Company, Boston. Price, $1.25.

As the preface states, this convenient little hand book will prove useful in presenting "to student nurses the ordinary routine laboratory tests in simple and direct language, yet scientifically accurate."

The subject matter covers seven chapters, the first two being devoted to laboratory equipment and the use and care of the microscope. A chapter each is then given to urine, feces, gastric contents, sputum and the blood, the normal conditions of each being described as well as various pathological conditions. Methods of collecting specimens, which are important in nursing practice, are presented in careful detail. Undoubtedly such a course as is outlined here will make for greater interest in the care of specimens for the laboratory, a very responsible part of a nurse's work.

Under each topic, tests and routine examinations are presented in clear concise form, and preceding each, is a helpful list of materials and preparations necessary to the procedure, whether performed by the physician or by the nurse herself. Emphasis is placed upon precautions, in caring for excreta to be examined, to avoid contamination of the same, as well as to protect the health of the student nurse and others with whom she comes in contact. The illustrations are numerous and very good.

In so far as present day students are concerned, the second chapter, on the microscope, might be omitted without impairing the usefulness of the book. Very early in the preliminary course, in all probability, they have become familiar with the use and care of the microscope in laboratory courses in Bacteriology, Anatomy and Physiology. However, to nurses who have been long out of school, the chapter may prove serviceable.

This convenient little book will be found useful to instructors in laboratory technic and procedures, and in teaching nursing practice as it is interspersed throughout with many practical suggestions which would also aid the private duty nurse. A laboratory course as herein outlined would undoubtedly make for more accurate and intelligent *observation* upon which, to a very great extent, good nursing and medical care depend.

CAROL L. MARTIN, R.N., B.S.,
Chicago, Ill.

ELEMENTARY ANATOMY AND PHYSIOLOGY: A Textbook for Students in Hygiene and Physical Education. By Mary Rees Mulliner, M.D. 353 pages. 301 engravings in black and color. Lea & Febiger, Philadelphia. Price, $4.50.

The sub-title of this book is "A Text Book for Students in Hygiene and Physical Education," and it forms part of The Physical Education Series edited by Dr. R. Tait McKenzie, Professor of Physical Education and Physical Therapy, University of Pennsylvania. The editor states in his preface that this book fills a "long-felt want in the field of physical education." Doctor Mulliner has arranged her material, keeping in mind the preparation necessary for

the applied phases of physical education. Consequently, she rightly has laid the emphasis on muscles and the distribution of nerves to the muscles. The subject of muscles seems to terrify an anatomy class and the number of muscles presented here would certainly cause consternation to a student nurse. The other systems are so briefly explained that a student nurse might lose her sense of proportion. The illustrations are very clear and concise but, as Doctor Mulliner states, they are mainly compiled from standard works on anatomy and physiology. In a reference library of a school of nursing which could not obtain the large standard works which are so replete with valuable illustrations, this book would find a useful place. Thought provoking questions at the end of each chapter, the use of simple English, clear type and arrangement, are good points not to be overlooked.

MARY E. NORCROSS, R.N.,
Philadelphia General Hospital.

THE THEORY AND PRACTICE OF MEDICAL SOCIAL WORK. By Edna G. Henry, Ph.D. 195 pages. Edwards Brothers, Ann Arbor, Mich. Price, $1.60.

The reader, whether nurse, social worker, or layman, is given a very definite conception of the theory and practice of medical social work. A pertinent point is made by the assertion that "purposes lie behind all human action," and the social worker will find that the underlying purpose in entering the field will influence and determine her actions, method and results.

The author emphasizes the fact that the medical social worker who is known to be a nurse will be called upon to perform duties which rightfully belong to a nurse. This is an argument almost as old as social service, and it would make an interesting subject for discussion.

As over 80 per cent. of all human problems, poverty and distress can be traced directly to illness in one or more members in a family, it would seem that the various social ills could be best remedied by a worker who understood the psychology of the sick mind. No doubt the author will concede that the ideal medical social worker of the future will be the product of a school which combines an opportunity for medical and social training.

The subject matter of the book is carefully thought out and prepared, and will do much to enlighten not only the present day social worker but all others interested in humanitarian work. Miss Henry is to be congratulated for producing a work which gives so clear a picture of the ideals, methods, practices, needs and fundamental principles of medical social work.

MABEL M. BOORUM, R.N.
New York.

HOW IS YOUR HEART? Intimate Talks on the Prevention of Heart Disease and on the Care of an Already Damaged Heart. By S. Calvin Smith, M.D. 208 pages. Boni and Liveright, New York. Price, $1.75.

Doctor Holt, when he published his book on infant care and feeding for mothers, did a revolutionary thing. He attempted, and in many cases succeeded, in teaching to a lay person principles in the care and feeding of infants. The medical profession at

first looked askance at his book, but mothers bought it and used it, and finally the medical profession came to a realization of the fact that a mother who knew what was in Doctor Holt's book was more coöperative with the physician in caring for her child, and much better able to be on the lookout for deviations from the normal which, when seen, would lead her to summon the physician at the earliest moment.

Several years ago, Doctor Joslin of Boston published a book for the information of patients having diabetes. He believed that the diabetic patient who would obtain the best results from his treatment, was one who had an understanding of what diabetes is, and how it should be treated. The phenomenal success which Doctor Joslin has had in treating patients with this disease, all of them using his manual, has I think fully justified his publication.

Dr. S. Calvin Smith, in his book How Is Your Heart? has done a similar thing. He has written a book, in everyday English, in which he presents to the lay public the subject of heart disease. He tells of present day conception of heart disease. Then he tells what the normal heart does. From this he goes on to describe how hearts are hurt, and the symptoms a patient may experience which should cause him to go to a physician to find out the condition of his heart. He then gives good general advice as to the regime of patients with damaged hearts, and explains the necessity of such a regime.

The old type of medical book written for the laity was written to take the place of medical advice. This very excellent little book has no such purpose. It is written with the idea of helping the patient who thinks he has, or who has, heart disease, to coöperate intelligently with his physician in investigations of his heart symptoms and in the treatment of his heart, if it be damaged.

John Wyckoff, M.D.,
New York City.

Your Heart and How to Take Care of It. By Robert H. Babcock, M.D. 235 pages. Illustrated. D. Appleton and Company, New York and London. Price, $1.50.

In this little book we have a well balanced presentation of the important things which the heart and arteries do, of the causes which lead to damage, of the ways to prevent damage and the measures which will prevent further injury to heart and arteries which have become diseased. To write a book on such a technical subject in language that is intelligible to the layman, that is readable, sound and authoritative, is not an easy matter. Doctor Babcock is to be congratulated on his success in measurably attaining these ideals. The book is full of optimism, as it should be. The advice is practical, it answers many questions that one who has a normal heart and wishes to keep it so, wishes answered. It outlines the precautions necessary for one with a damaged heart. It discusses the use of alcohol and tobacco, exercise, occupation, marriage and many other important topics. Doctor Babcock has probably used more technical terms than he realizes, sometimes he defines these in simple language, at times he has neglected to do this. Such terms as "endocardium," "inhibitory nerve," "bradycardia," "focal infections," "streptococcus," etc., might

well be paraphrased considering the audience for which the book is intended.

The layman who is looking for real information in regard to this organ whose efficient activity is so essential to health and happiness, cannot do better than to study this little book which contains a wealth of practical advice written by one whose wide experience allows him to speak with authority.

T. Stuart Hart, M.D.,
New York City.

Taking Care of Your Heart. By T. Stuart Hart, M.D. 72 pages. Funk & Wagnalls Company, New York and London. Price 30 cents.

This little book is one of a series published by the National Health Council, giving information concerning heart disease.

Doctor Hart has long been a student of heart disease; he is a former president of the New York Heart Association, and is still one of its governors. No one is better fitted than he to write such a book, and the information is correspondingly authentic. In addition to this, although the style is simple and the language non-technical, no intelligent person need feel that he is being written down to.

Heart disease is a subject that frightens many. Doctor Hart has successfully told clearly its dangers, not depreciating them nor slurring over unpleasant facts, yet he has been able, through the whole book, to keep a spirit of optimism which is convincing because one feels its sincerity and the broad experience back of it.

Although written for the lay reader, it is a book which any physician, nurse, or social service worker might well read, and one which no worker in heart disease should be without.

John Wyckoff, M.D.,
New York City.

A Woman's Quest: The Life of Marie E. Zakrzewska, M.D. By Agnes C. Vietor, M.D. 514 pages. D. Appleton and Company, New York. Price, $3.

This story of the life and letters of Dr. Marie E. Zakrzewska is a work recommended to even a casual reader, but especially to those interested in extending the sphere of usefulness for women.

Of Polish-German ancestry, Doctor Zakrzewska brought to America, at twenty-four years of age, habits of study and perseverance gained in the exacting schools of Germany. The story of her activities in the medical and hospital world of her time shows an adherence to principle in spite of discouragement and even ostracism.

An interesting bit of nursing history is portrayed in the fact that through her vision, courage and perseverance, the New England Hospital for Women and Children was established in Boston, followed later by the organization of the first Training School for Nurses in America.

Although not a work on "woman suffrage," the book presents one phase of that great question; namely, the struggle through which women physicians passed before receiving the recognition so necessary for their success, and to which they were entitled. Medical associations were slow to admit women to membership; few medical schools or colleges would enter them as students. By patient, constructive effort Doctor

Zakrzewska accomplished much in overcoming the prejudice which so retarded progress.

Dr. Agnes C. Vietor, the author of this book, has given a charming picture of a strong and vital personality, and has emphasized in a most readable way the very definite contribution made by Doctor Zakrzewska to the advancement of women in the medical profession.

JESSIE E. CATTON, R.N.,
Boston, Mass.

PRACTICAL CHEMISTRY FOR NURSES. By Annette Fiske, A.M., R.N. M. Barrows and Company, Boston. Price, $1.35.

There are at least two ways of presenting the subject matter of a scientific book. The usual method is the topical paragraph outline setting forth the important points with discussion, the unusual is presentation in story form similar to that employed by E. E. Slosson in his entertaining book Creative Chemistry. The latter style has been used by Annette Fiske in her new Practical Chemistry for Nurses.

The book is small, short, interesting and enlightening. The first chapter is pregnant with new ideas and principles for the young student but much time will have to be spent in explanation and drill in order to fix these ideas. Few scientific laws appear, but upon careful examination many more are seen as skeletons behind the subject matter. A single chapter on carbohydrates, proteins and hydrocarbons is inadequate, but there are many supplementary available texts on these subjects.

The experiments are excellent. The text is so pertinently applied to nursing that it is unnecessary to ask if the author has taught Chemistry to nurses.

For the pupil who will derive the greatest amount of benefit from a simple conversational text, the book is recommended. For the pupil who requires a more classified portrayal of principles as a basis for future study in the science, it would serve only as a reference or review book.

There is much opposition to chemistry in the mind of the average student and if this book can dispel that idea and make the pupil like the subject, it will have served a valuable purpose.

STELLA ACKLEY, B.Sc., R.N.,
Wauwatosa, Wis.

FROM THE SURVEY-GRAPHIC "HEART" NUMBER

Heart disease—most destructive of the more important causes of death, and least understood by most of us—is the subject of a group of articles in this number by physicians and laymen. They are united in the conviction that heart disease is preventable and curable; that its prevention and cure make up one of the biggest jobs now before health workers; that the public can learn to reduce mortality from this cause as it has learned to deal with the white plague and is gradually learning to deal with cancer.

Housework is hard labor, and the cardiac housewife with small children and none too much money to feed and clothe them is harder to help than a truckman or coal miner. She just can't get away from the job.

You've got to catch them young, if you want to prevent the most readily preventable of the heart diseases. It's the "growing pains" and other infections of childhood that sap the strength of the grown-up in more cases than most of us dream of.

OFFICIAL DIRECTORY

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The American Journal of Nursing Company.—Headquarters, 370 Seventh Avenue, New York. Business Office, 19 West Main Street, Rochester, N. Y. President, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia. Secretary, Elsie M. Lawler, John Hopkins Hospital, Baltimore, Md.

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